

<b>Case Number:</b>	CM15-0135150		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	04/11/2001
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old male with an industrial injury dated 04/11/2001. The injured worker's diagnoses include lumbar facet syndrome, sacroiliac pain, carpal tunnel syndrome, hand pain, shoulder pain and back pain. Treatment consisted of Electromyography (EMG)/Nerve conduction velocity (NCV), medial branch block, prescribed medications, injections and periodic follow up visits. In a progress note dated 06/17/2015, the injured worker reported lower backache, left shoulder pain and left wrist pain. The injured worker rated pain with medications as a 4/10 and a 6/10 without medications. Objective findings revealed mild pain, antalgic gait, restricted lumbar range of motion limited by pain, positive Gaenslen's sign, and positive Faber test. The treating physician prescribed services for six sessions of physical therapy for left wrist and left shoulder now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**6 sessions of physical therapy for left wrist and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Physical/Occupational therapy: Carpal tunnel syndrome, Shoulder Chapter, Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six sessions physical therapy left wrist and left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar facet syndrome; sacroiliac pain; carpal tunnel syndrome; hand pain; shoulder pain; and back pain. Date of injury is April 11, 2001. The request for authorization is dated July 1, 2015. The medical record contains 44 pages. The earliest progress note in the record is dated February 25, 2015. Subjectively, the injured worker has low back pain, left shoulder and left wrist pain 2/10. Objectively, there was no physical examination of the left shoulder or wrist. There was no mention or discussion of prior physical therapy. According to the June 17, 2015 progress notes, the injured worker had continued complaints of low back pain, shoulder and wrist pain. Objectively, there is no physical examination of the shoulder or wrist. There were no physical therapy progress notes in the medical record. The total number of physical therapy sessions to date (if any) was not documented in medical record. The injury is 14 years old and it would seem likely worker underwent some type of physical therapy through the present. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Consequently, absent clinical documentation with objective physical examination findings of the left shoulder and wrist, total number of physical therapy sessions to date and documentation demonstrating objective functional improvement, six sessions physical therapy left wrist and left shoulder is not medically necessary.