

<b>Case Number:</b>	CM15-0140505		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	04/11/2010
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 33 year old male who sustained an industrial injury on 04-11-2010. Mechanism of injury occurred when he was disengaging a cart from a trailer and his right hand became caught in a hinge. He received injuries to his cervical spine, thoracic spine, right shoulder and right and left wrists and hands. Diagnoses include headaches and trans mandibular joint grinding secondary to severe pain, thoracic spine myofascial pain syndrome, right shoulder strain and sprain, right shoulder impingement syndrome, right elbow lateral epicondylitis, bilateral wrist carpal tunnel syndrome, rule out complex regional pain syndrome-right hand and wrist, posttraumatic neuralgia of the right hand, status post crush injury right hand with residuals, sleep disturbance secondary to pain and depression and anxiety-situational. Treatment to date has included diagnostic studies, medications, and acupuncture. A physician progress note dated 05-07-2015 documents the injured worker complains of mid-upper back and right shoulder as well as pain and numbness of the bilateral wrists and right hand. He rates his pain as 7 out of 10 in the upper back, 6 out of 10 in the right shoulder, 8 out of 10 in the right wrist and hand, and 1 out of 10 in the left wrist. There is tenderness to palpation over the paraspinal thoracic muscles and this is the same as the previous visit. His right shoulder is tender to palpation and impingement and supraspinatus tests are positive. His bilateral wrists are tender to palpation which has decreased from the last visit, and his right hand is tender to palpation which has decreased from his last visit. The injured worker states that his treatment is helping. The treatment plan includes the medications APAP with Hydrocodone, Tizanidine, and Gabapentin. He is to be referred for a

right shoulder injection, and also a surgical consultation for his bilateral wrists. Treatment requested is for physical therapy 3x4 weeks for the right shoulder and bilateral wrists.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 3x4 weeks for the right shoulder and bilateral wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in April 2010 and is being treated for upper and mid back pain and right shoulder and bilateral wrist and hand pain. Treatments have included acupuncture and medications. When seen, there was thoracic spine tenderness with muscle spasms and trigger points and decreased range of motion. There was right shoulder and bilateral wrist and hand tenderness. Right shoulder impingement testing was positive. Continued physical therapy was recommended and an additional 12 treatments were requested. The claimant is being treated for chronic pain with no new injury. Although continued physical therapy is being requested, it is unclear whether the claimant has actually had physical therapy treatments. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.