

<b>Case Number:</b>	CM15-0163621		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 60 year old male, who sustained an industrial injury on February 24, 2010, incurring left shoulder, upper and lower back injuries. He was diagnosed with a thoracic sprain, cervical disc displacement, and lumbar disc displacement. He underwent a cervical discectomy, anterior fusion and arthrodesis in July 2011. In March 2014, he underwent left shoulder rotator cuff repair with clavicle resection. Other treatment included physical therapy, chiropractic sessions, pain medications, and modified activities. Currently, the injured worker complained of neck, low back, left arm and shoulder pain. He noted reduced range of motion of the left wrist and hand and loss of strength of the fingers and thumb. The treatment plan that was requested for authorization included outpatient physical therapy for the left forearm and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy three (3) times a week for three (3) weeks for the left forearm/wrist, QTY: 9: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** The claimant sustained a work injury in February 2010. Surgical treatments have included an anterior cervical decompression and fusion in July 2011 and left rotator cuff repair with subacromial decompression in March 2014. He underwent arthroscopic wrist surgery with debridement and triangular fibrocartilage complex repair on 05/05/15. From 06/10/15 through 07/15/15, there were 11 postoperative physical therapy treatments. When seen, he was having ongoing pain. Physical examination findings included mild wrist tenderness with decreased range of motion. An additional nine treatment sessions are being requested. After the surgery performed, guidelines recommend up to 10 visits over 10 weeks with a physical medicine treatment period of 4 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommended. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.