

<b>Case Number:</b>	CM15-0164142		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	02/17/2015
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 female who sustained an industrial injury on 02-17-2015. Mechanism of injury was cumulative trauma to multiple body parts. Diagnoses include cervical spine musculoligamentous strain-sprain with radiculitis, thoracic spine musculoligamentous strain-sprain, and lumbosacral spine musculoligamentous strain-sprain with radiculitis, left shoulder tendinosis, labral tear and impingement, bilateral wrist carpal tunnel syndrome per Nerve Conduction Velocity, history of left thumb and left long finger trigger fingers, left thumb tenosynovitis, left thumb metacarpophalangeal joint osteoarthritis, left ankle strain-sprain, and anxiety and depression. Treatment to date has included diagnostic studies, medications, medications and physical therapy. Medications include Theramine, Tramadol and topical medications. A MRI of the left shoulder was done on 05-11-2015. A physician progress note dated 06-25-2015 documents the injured worker complains of pain in her neck, mid upper back, left shoulder, and left ankle. She has pain and numbness in her bilateral wrists and left thumb. She rates her pain as 9 out of 10 which is decreased from 10 out of 10. She has tenderness to palpation throughout the cervical and thoracic paraspinal muscles as well as the left shoulder with restricted cervical range of motion, possible left shoulder impingement, and supraspinatus signs. Her bilateral wrists were tender to palpation with restricted range of motion. Her left ankle is tender to palpation. She has positive Tinel's and Phalen's tests. Treatment requested is for Physical therapy, quantity: 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, quantity: 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for 12 sessions of physical therapy is not medically necessary. The patient has had previous physical therapy sessions without any documentation of subjective or objective improvement. As per the summary, the patient had six sessions of therapy. According to MTUS, myalgias and myositis warrant 9-10 visits over 8 weeks, which the patient will exceed with 12 additional sessions. Without documented improvement and explanation of rationale for more physical therapy, there is no need for additional sessions. She should be able to continue a home exercise program at this point. Therefore, the request is not medically necessary.