

<b>Case Number:</b>	CM15-0182013		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/16/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 43 year old female, who sustained an industrial injury on 07-16-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, cervical spine sprain and strain, left upper limb girdle strain, and post-concussive head syndrome. Medical records (03-11-2015 to 05-21-2015) indicate ongoing constant burning aching pain of the left trapezius, shoulder blade and posterior neck, headaches involving to occipital aspect of the head and left eye, recent nose bleed (lasting 24 hours), dizziness and pain to the left hand. Pain levels were not mentioned; however, the IW reported 8 hours of lasting pain relief after undergoing physical therapy. Records also indicate no changes in activity or tolerance levels, and no changes in function. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 05-21-2015, revealed no changes in range of motion (ROM) in the cervical spine or left shoulder from previous exam, and tenderness to palpation over the left levator scapulae. Relevant treatments have included 9 sessions of physical therapy (PT) for the cervical spine, an unknown amount of PT for the wrist and hand, work restrictions, and medications. The PR (05-21-2015) shows that the following therapy was requested: 8 (2x4) additional PT for the left wrist, left shoulder and cervical spine. The original utilization review (08-26-2015) non-certified the request for 8 (2x4) additional PT for the left wrist, left shoulder and cervical based on previous PT and having near full ROM in the cervical spine wrist and shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 x 4, left wrist, left shoulder & cervical: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy Shoulder section, Physical therapy Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy two times per week times four weeks to the left wrist, left shoulder and cervical 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 cervical spine sprain strain; left upper limb girdle strain; and post-concussive head syndrome. Date of injury is July 16, 2014. Request for authorization is August 24, 2015. The most recent progress note in the medical record is May 21, 2015. According to the May 21, 2015 progress note, subjective complaints include left trapezius and shoulder blade and posterior neck pain. The injured worker complains of pain and symptoms of her left wrist and hand. Objectively, there is tenderness to palpation over the left trapezius. There is no physical examination of the left wrist or hand. The documentation indicates the injured worker received nine physical therapy sessions to the cervical spine. The physical therapy progress notes do not indicate treatment to any area other than the cervical spine. There are no compelling clinical facts indicating additional physical therapy to the cervical spine is clinically indicated. There is no physical examination of the left wrist and hand. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating physical therapy to the cervical spine totaled (at a minimum) nine sessions, no physical examination of the left wrist and hand and no compelling clinical facts indicating additional physical therapy to the cervical spine (over the recommended guidelines) is clinically indicated, additional physical therapy two times per week times four weeks to the left wrist, left shoulder and cervical is not medically necessary.