

<b>Case Number:</b>	CM15-0186221		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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

Certification(s)/Specialty: Emergency 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 55 year old female who sustained an industrial injury on 9-16-2013. A review of medical records indicated the injured worker is being treated for pain in joint forearm, sprain in wrist not otherwise specified, and encounter for long-term use of other medications. Medical records dates 8-11-2015 noted pain in the neck radiating to the shoulders. Pain was rated a 6-10 out of 10. Physical examination noted neck range of motion was full but guarded and restricted. Facet tenderness was noted on the right. Movements were restricted with range of motion to bilateral shoulders. Treatment has included splinting, medications, work restriction, and acupuncture. Utilization review form dated 8-20-2015 non-certified physical therapy session to the hands and arms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks to bilateral hands:** 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 rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (Total number was not documented) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. The request for an Edgelow certified therapist is also invalid, as such certification tends to be specific for thoracic outlet syndrome which is a diagnosis that patient does not have. Documentation fails to support additional PT sessions. Additional 8 physical therapy sessions are not medically necessary.