

<b>Case Number:</b>	CM15-0187060		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/06/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 40-year-old who has filed a claim for chronic elbow, shoulder, forearm, and wrist pain reportedly associated with an industrial injury of April 6, 2015. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced an August 5, 2015 office visit in its determination. The claims administrator contended that the applicant had undergone a wrist ORIF procedure in 1996 and a wrist ganglionectomy in 2013. The applicant's attorney subsequently appealed. In a letter dated September 16, 2015, the treating therapist also joined in the appeal. A prescription for therapy dated August 5, 2015 was notable for commentary that the applicant had multifocal pain complaints and had alleged development of cumulative trauma at work over the preceding one year of employment. On April 3, 2015, the applicant was placed off work, on total temporary disability. It was stated that the applicant had undergone prior wrist surgery in 1996 and 2013. On August 5, 2015, the applicant apparently transferred care to a new primary treating provider (PTP). Multifocal complaints of bilateral wrist, bilateral forearm, bilateral hand, bilateral elbow, and bilateral shoulder pain were reported. The applicant was placed off work, on total temporary disability. The treating provider requested that the claims administrator furnish him with records generated by other providers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the bilateral shoulders, elbows, hands and wrists, 2 times a week for 6 weeks, quantity: 12 sessions: 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): Introduction, Physical Medicine.

**Decision rationale:** No, the request for 12 sessions of physical therapy for the bilateral shoulders, bilateral elbows, bilateral hands, and bilateral wrists was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly presented here. This recommendation is, moreover, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was placed off work, on total temporary disability, on August 5, 2015, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim, including that ordered by previous providers, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of the same. Therefore, the request was not medically necessary.