

<b>Case Number:</b>	CM15-0188055		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: 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 injured worker is a 47 year old male, who sustained an industrial injury on 2-25-2009. The injured worker was diagnosed as having rule out bilateral carpal tunnel syndrome, bilateral shoulder impingement syndrome, bilateral wrist sprain, and bilateral knee pain. Treatment to date has included diagnostics, unspecified physical therapy (referenced in Urology Qualified Medical Exam 7-08-2015), and medications. Currently (8-11-2015-per the Doctor's First Report of Occupational Injury or Illness), the injured worker complains of constant pain in his shoulders, wrists, hands, and knees. His pain was not rated. He also reported depression and anxiety. Objective findings noted only "x-ray results pending". His work status was total temporary disability and his last date worked was 2-25-2009. Current medication regimen, if any, was not documented. His current function with activities of daily living was not described. Per the Request for Authorization dated 8-27-2015, the treatment plan included physical therapy for the bilateral shoulders, wrists and hands x12. On 9-03-2015 Utilization Review non-certified the requested physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times 12 sessions, bilateral shoulders, wrists, and hands: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Preface.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS Guidelines recommend that up to 10 sessions of guided physical therapy is adequate for chronic musculoskeletal conditions. After this amount of guided sessions, the Guidelines opinion is that an independent program should be taught and followed. Since this individual's injury is quite remote it is reasonable to assume prior therapy has been completed. However, the extent and success from prior therapy is not documented in the records reviewed. A few sessions to renew a home program recommendation may be reasonable, but this request exceeds Guideline recommendations and there are no unusual circumstances to justify an exception. The request for Physical therapy times 12 sessions, bilateral shoulders, wrists, and hands is not medically necessary.