

<b>Case Number:</b>	CM15-0196410		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 3-7-2011. Diagnoses include carpal tunnel syndrome and muscle spasm. Treatments to date include activity modification, medication therapy, and six acupuncture treatment sessions. On 9-10-15, she complained of ongoing pain in both hands and left shoulder and muscle spasms in bilateral upper extremities. Pain was rated 7 out of 10 VAS without medication and 4 out of 10 VAS with medications. The physical examination documented tenderness to the left side of the neck with decreased cervical range of motion. The left shoulder was tender with positive Hawkin's test. The elbow demonstrated a positive Tinel's sign. The wrists demonstrated positive Tinel's sign and Phalen's signs. The hand revealed multiple Heberten's nodes and positive grind tests and Finkelstein's at the left thumb. The plan of care included twelve physical therapy sessions to bilateral upper extremities. The appeal requested authorization for twelve (12) physical therapy sessions for bilateral upper extremities. The Utilization Review dated 9-22-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for bilateral upper extremities Qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

**Decision rationale:** Records indicate the patient has ongoing complaints of bilateral hand and left shoulder pain with associated spasms in both shoulders. The current request for consideration is physical therapy for bilateral upper extremities Qty: 12. The 9/10/15 progress report, page (47B) does not offer any rationale for the additional 12 physical therapy sessions for the bilateral upper extremities. The CA MTUS does recommend physical therapy as an option, at a decreasing frequency, with a transition into independent home-based exercise. The CA MTUS guidelines for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records do not indicate how many previous physical therapy sessions, if any, have been completed. The records also provide no discussion as to the functional benefit derived from the physical therapy. Furthermore, the current request for 12 sessions exceeds the MTUS guideline recommendations without justification for additional physical therapy. Also, it is not understood why the patient is unable to transition into a fully independent home-based exercise program which is the gold standard. As such, the request is not medically necessary.