

<b>Case Number:</b>	CM15-0198195		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, 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 45 year old female who sustained an industrial injury 03-29-14. A review of the medical records reveals the injured worker is undergoing treatment for bilateral shoulder sprain-strain, bilateral rotator cuff syndrome, bilateral wrist and hand sprain-strain, insomnia, anxiety, and depression. Medical records (07-28-15) reveal the injured worker complains of right shoulder pain, bilateral wrist and hand pain rated at 8/10 without medications and 7/10 with medications, insomnia, anxiety and depression. The physical exam (07-28-15) reveals tenderness and decreased range of motion in the right shoulder, bilateral wrists and hands due to pain. The Impingement and Supraspinatus tests are both positive for the right shoulder. Prior treatment includes medications. The original utilization review (09-11-15) non certified the request for 6 and 12 sessions of physical therapy to the right shoulder and hands.

### 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 12 weeks, right shoulder and hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS 2009 recommends up to 10 sessions of physical therapy to treat myalgias. This request for 24 sessions of physical therapy exceeds MTUS 2009 guidelines. The patients already received physical therapy without any apparent carryover benefit. Therefore, this request for additional physical therapy is not medically necessary since there has been no significant improvement after prior sessions and there is no explanation as to why therapy exceeding MTUS 2009 guidelines is needed in this case.