

<b>Case Number:</b>	CM15-0208583		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: 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 49 year old female, who sustained an industrial injury on 8-6-2014. The injured worker is undergoing treatment for left hand-wrist, right shoulder, right elbow and right hand strain-sprain. Medical records dated 8-5-2015 indicate the injured worker complains of right shoulder pain, burning, weakness and tingling rated 8 out of 10, left wrist pain and weakness rated 8 out of 10 and left hand pain and weakness with numbness and tingling. Physical exam dated 8-5-2015 notes right shoulder decreased range of motion (ROM), impingement, tenderness to palpation, grinding and clicking and left wrist-hand decreased range of motion (ROM) and positive Tinel's and Phalen's. Treatment to date has included X-ray, extensive physical therapy, medication. The original utilization review dated 9-30-2015 indicates the request for physical therapy bilateral upper extremities X12 is non-certified.

### 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 for 12 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** MTUS Guidelines recommend a total of up to 10 sessions of supervised physical therapy is adequate to address chronic musculoskeletal conditions. With that number of sessions the Guidelines recommend a developed independent exercise program and education in self protective behaviors. This individual has had a significant number of prior therapy sessions without evidence of follow through with a continued rehabilitation program. A few additional sessions to renew and re-educate in an appropriate home program may be medically necessary, but this request significantly exceeds Guideline recommendations without adequate justification to support the extent of requested additional therapy. Under these circumstances, the request for physical therapy for bilateral upper extremities for 12 sessions is not supported by Guidelines and is not medically necessary.