

<b>Case Number:</b>	CM15-0219986		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	06/15/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, Indiana, New  
 York Certification(s)/Specialty: Internal 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 29 year old female who sustained an industrial injury on 6-15-15. A review of the medical records indicates that the worker is undergoing treatment for left shoulder impingement, left wrist tendonitis-bursitis, and compensatory pain in on the right shoulder and wrist. Subjective complaints (10-8-15) include bilateral shoulder pain with decreased range of motion and strength and bilateral wrist pain, numbness, tingling in hands, decreased grip strength and loss of coordination. Pain is also reported when performing activities of daily living. The worker has noted onset of pain in the right arm and hand due to overcompensating for the left upper extremity. Objective findings (10-8-15) include impingement and Hawkin's signs in bilateral shoulders with range of motion in flexion and abduction over 120 degrees, positive Phalen and reverse Phalen sign's with decreased grip strength in bilateral wrists, distal radial tenderness, a decreased 2 point discrimination over the hands, and Jamar grip testing: 4,0,2 (on the right) and 2,0,0, (on the left). A nerve test is noted as ordered but not yet performed. Work status was noted as currently not working. Previous treatment includes medication and wrist brace and cold-hot pack were prescribed. The treatment plan includes anti-inflammatory and anti-gastritis medications, a limited supply of topical lotion, and 12 sessions of physical therapy for bilateral shoulders and wrists. The requested treatment of physical therapy 3x4, (12 visits) left and right shoulder, left and right wrist and left and right hands was modified to 3x2 (6 visits) right shoulder, right wrist and right hand on 11-4-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 to left and right shoulders, left and right wrist and left and right hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Forearm, Wrist and Hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy, Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the left and right shoulder, left and right wrist and left and right hand is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder impingement; left wrist tendinitis/bursitis; and compensatory pain in the right shoulder and wrist. Date of injury is June 15, 2015. Request for authorization is October 30, 2015. According to a physical therapy progress note dated July 24, 2015, the injured worker received six out of six physical therapy sessions the left-hand and digit. The total number of physical therapy sessions to date or not specified. According to an October 8, 2015 progress note, the injured worker received physical therapy while being treated at occupational medicine. As noted above, the total number of physical therapy sessions is not specified. Subjectively, the injured worker has ongoing left shoulder pain, forearm, wrist and hand pain. The injured worker also complains of right arm and hand pain. Objectively, there is no spasm or tenderness in the cervical spine. There is tenderness in the distal radius bilaterally. There is no documentation demonstrating objective functional improvement from prior physical therapy. The total number of physical therapy sessions is not specified. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. The treating provider is requesting an additional 12 sessions of physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy three times per week times four weeks to the left and right shoulder, left and right wrist and left and right hand is not medically necessary.