

<b>Case Number:</b>	CM15-0221674		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 28 year old male with an industrial injury dated 06-05-2013. A review of the medical records indicates that the injured worker is undergoing treatment for headache, thoracic pain, thoracic sprain and strain, right rotator cuff tear, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain and strain, right carpal tunnel syndrome, Right de Quervain's disease, right wrist sprain and strain, right knee pain, right knee sprain and strain, rule out right knee meniscus tear, right ankle pain, right ankle sprain and strain, rule out right ankle internal derangement, anxiety, depression and irritability. According to the progress note dated 09-17-2015, the injured worker reported headache, thoracic spine pain, right shoulder pain, right wrist pain, right knee pain, and right ankle pain. Pain level was 8-9 out of 10 on a visual analog scale (VAS). Objective findings (09-17-2015) revealed tenderness to palpitation of thoracic paravertebral muscles with spasm. There was tenderness, decreased and painful range of motion of right shoulder, right knee and right ankle. Right wrist exam revealed decreased sensation, tenderness to palpitation and positive Phalen's. Treatment has included diagnostic studies, prescribed medications, at least 15 sessions of physical therapy in 2015, and periodic follow up visits. The utilization review dated 11-04-2015, non-certified the request for additional physical therapy sessions 1 time a week for 4 weeks thoracic, right ankle, knee, shoulder, wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy sessions 1 time a week for 4 weeks thoracic, right ankle, knee, shoulder, wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**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) Ankle & Foot, Physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Ankle/foot Sprain (ICD9 845): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment: 34 visits over 16 weeks. Sprained shoulder; rotator cuff (ICD9 840; 840.4): Medical treatment: 10 visits over 8 weeks. Medical treatment, partial tear: 20 visits over 10 weeks. Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks. Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks. Pain in joint (ICD9 719.4): 9 visits over 8 weeks. Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 week. Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Post-surgical treatment (open): 3-8 visits over 3-5 weeks. Per the medical records submitted for review, the injured worker has previously been treated with at least 15 sessions of physical therapy. At this point in time, the injured worker should have been transitioned to a self-directed home based therapy. No exceptional factors were documented which would warrant further physical therapy. The request is not medically necessary.