

<b>Case Number:</b>	CM15-0048143		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	10/03/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 46 year old female, who sustained an industrial injury on 10/3/2014. She has reported right wrist pain and pain in the middle finger of the right hand with decreased movement, with increasing neck and shoulder pain. The diagnoses have included cervical radiculopathy, shoulder impingement, carpal tunnel syndrome and lumbar radiculopathy. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and physical therapy. Currently, the IW complains of neck, back, and right wrist pain. The note on 10 Feb 2015 documented the patient having some improvement for her hand, back and neck symptoms from physical therapy, and she reports that she is still using medications as ordered. The physical examination from 2/10/15 documented cervical muscle spasms with restricted Range of Motion (ROM), the shoulders were noted to have tenderness bilaterally and positive impingement signs, the wrists were tender and the lumbar ROM was restricted with muscle spasms noted. The plan of care included requesting authorization for additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 for neck, right shoulder and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 8 pg 174, Chp 9 pg 203-5, 212, Chp 11 pg 257-60, 264-6, 270-1, Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

**Decision rationale:** Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for neuralgia, neuritis, and radiculitis, such as this patient is experiencing, should show a resultant benefit by 10 sessions over a 4 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has had multiple PT sessions since her injury with a benefit noted. The therapy should have incorporated the above guidelines and included appropriate tapering or fading of treatment so that the patient can maintain the benefits and continue to improve using just home therapy. The provider is requesting a second course of physical therapy. Although repeat physical therapy is effective for exacerbations there is no documentation that an exacerbation has occurred. Further physical therapy should follow the above recommendations. Medical necessity for repeat PT sessions has not been established.