

<b>Case Number:</b>	CM15-0055604		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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

### 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 42 year old female, who sustained an industrial injury on 11/28/2012. She reported repetitive stress injury. The injured worker was diagnosed as having cervicalgia, bilateral shoulder pain, cervical radiculopathy and hand pain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 3/2/2015, the injured worker complains of neck pain, bilateral shoulder pain, bilateral arm pain and bilateral hand pain. The treating physician is requesting 12 additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 2 times a week for 6 weeks for the wrist and left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient was injured on 11/28/2012 and presents with neck pain, bilateral shoulder pain, bilateral arm pain, bilateral hand pain. The request is for Additional Physical Therapy 2 times a week for 6 weeks for the wrist and left hand. There is no RFA provided and the patient's work status is unknown. The 03/10/2015 report states that the patient has "completed 12 sessions of PT as her stiffness has improved by roughly 50%, but she is still unable to make a closed fist". MTUS Chronic Pain Medical Treatment Guidelines, page 98 and 99, has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS Guidelines, page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks; and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with cervicalgia, bilateral shoulder pain, cervical radiculopathy, and left hand pain. There is no indication of any recent surgery the patient may have had, and there is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain. Furthermore, an additional 12 sessions of therapy to the 12 sessions the patient has already had exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy is not medically necessary.