

<b>Case Number:</b>	CM15-0058459		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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, Pain Management, 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 70-year-old male with an industrial injury dated 11/04/2010. The injured worker diagnoses include cervical sprain, derangement of joint not otherwise specified of shoulder (right), carpal tunnel syndrome and lumbar sprain/strain. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 2/10/2015, his treating physician noted that the injured worker continues to have difficulty bending his fingers, right hand worse than left and the inability to lift anything due to decreased strength and grip. Physical exam revealed tenderness to palpitation and spasms to cervical and lumbar spine. The treating physician prescribed services for physical therapy 3x4 for cervical, lumbar spine, and bilateral hands now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 Times A Week for 4 Weeks for Cervical, Lumbar Spine, Bilateral Hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS 2009 states that up to 10 sessions are an option. The patient has already had a course of therapy, which was reportedly helpful. However, finger range of motion is reportedly restricted but there is no clinical examination of the hand describing finger range of motion. The patient reportedly has decreased grip strength. The patient should have been provided grip sponge in PT to practice strengthening exercises. The patient should be familiar with passive range of motion exercises for the fingers in order to improve PIP and DIP range of motion. The patient has already received physical therapy adherent to MTUS 2009. The medical records do not explain why 12 additional therapy sessions are needed to instruct in range of motion exercises and practice grip strengthening exercises. This request for 12 additional physical therapy sessions is denied.