

<b>Case Number:</b>	CM15-0060105		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38 year old female, who sustained an industrial injury on 10/4/12. The injured worker has complaints of neck pain that radiated in the pattern of bilateral C5 and C6 dermatomes. She complains of pain in the mid/upper back, bilateral shoulders and bilateral elbows as well as pain and numbness in the right wrist. The diagnoses have included cervical musculoligamentous strain/sprain with radiculitis; rule out cervical spine discogenic disease; thoracic musculoligamentuos strain/sprain; bilateral shoulder strain/sprain; bilateral shoulder tendinitis; bilateral shoulder impingement syndrome; bilateral elbow strain/sprain; bilateral elbow lateral epicondylitis; bilateral wrist strain/sprain and rule out right triangular fibrocartilage complex tear. The documentation noted that she stated that the physical therapy and extracorporeal shockwave therapy have helped to decrease her pain and tenderness. The documentation noted that the injured worker is pending magnetic resonance imaging (MRI) and electromyography/nerve conduction study and that she has declined topical medications. The request was for physical therapy 2X6 cervical/thoracic/bilateral upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 Cervical/thoracic/BUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 173, 201-205, 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in October 2012 and continues to be treated for neck and radiating upper extremity pain. Treatments have included physical therapy with reported benefit. Additional testing and physical therapy are being requested. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the request is not medically necessary.