

<b>Case Number:</b>	CM15-0087344		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 47 year old female who sustained an industrial injury on 2/27/14. The injured worker was diagnosed as having cervical spine disc protrusion, cervical spine degenerative disc disease, left shoulder impingement and left wrist derangement. Currently, the injured worker was with complaints of discomfort in the left wrist, left shoulder and left neck. Previous treatments included chiropractic treatments, medication management, and heat/cold application. Previous diagnostic studies included nerve conduction study, Electromyography and magnetic resonance imaging. The plan of care was for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 3 time per wk for 4 wks, Cervical, Left Shoulder, Left Wrist (12 sessions): Upheld**

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

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

**Decision rationale:** The patient was injured on 02/27/15 and presents with neck pain, left shoulder pain, and left wrist pain. The request is for PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS FOR THE CERVICAL SPINE, LEFT SHOULDER, AND LEFT WRIST. There is no RFA provided and the patient is on temporary total disability. The utilization review letter states that the patient "was initially referred for a course of physical therapy for the neck, left shoulder, and left wrist in 03/2014. The patient has completed an extensive amount of physical therapy." There is no indication of any recent surgery the patient may have had. 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, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with cervical spine disc protrusion, cervical spine degenerative disc disease, left shoulder impingement, and left wrist derangement. It appears that the patient has had prior physical therapy; however, there is no indication of when these sessions took place, how many sessions of therapy the patient, or how these sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Furthermore, the requested 12 sessions of physical therapy exceeds what is allowed by MTUS Guidelines. Therefore, the request IS NOT medically necessary.