

<b>Case Number:</b>	CM15-0230459		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/23/2015

### 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: Family Practice

### 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 63 year old female, who sustained an industrial injury on 6-20-2006. The injured worker was being treated for bilateral carpal tunnel syndrome, cervical sprain and strain, and right rotator cuff syndrome. The injured worker (9-21-2015) reported pain of the bilateral neck, right shoulder, and bilateral wrist and hand, with continued intermittent flare-up of her pain. The physical exam (9-21-2015) revealed decreased range of motion, tenderness, and pain of the right shoulder. The treating physician noted cervical tenderness and pain with normal range of motion and tenderness of the bilateral hands with normal range of motion. Treatment has included at least 5 sessions of physical therapy, wrist braces, work modifications, steroid injection, and medications including pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (9-21-2015 report), the injured worker has permanent work modifications, but she was not currently working. On 10-26-2015, the requested treatments included a continued sessions (times 6) of physical therapy for the bilateral wrist, cervical, and right shoulder. On 11-3-2015, the original utilization review non-certified a request for a continued sessions (times 6) of physical therapy for the bilateral wrist, cervical, and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy times 6 bilateral wrist, cervical, right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** This patient receives treatment for chronic pain involving the neck, shoulder, and wrists. This relates back to an industrial injury claim dated 06/20/2006. The patient's medical diagnoses include carpal tunnel syndrome, neck strain, and right rotator cuff injury. On exam the patient has tenderness to palpation on the posterior neck, R shoulder and both hands and wrists. There is a reduced ROM of the right shoulder. There are no deficits documented in the motor, reflex, and sensory exams. The patient received steroid injections, NSAIDs, and muscle relaxants. The patient received 5 physical therapy sessions recently. This review addresses a request for 6 additional PT sessions for the wrists, neck, and right shoulder. This patient's chronic pain problem goes back to 2006. There is no documentation of any functional outcomes from previous PT sessions. The documentation does not show signs of an improvement in functioning after the recent 5 sessions. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries or any post-operative conditions that would require more physical therapy at this time. Additional physical therapy sessions are not medically necessary.