

<b>Case Number:</b>	CM14-0101483		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old female with date of injury of 04/08/2004. The listed diagnoses per [REDACTED] are: Cervical pain; Right wrist/hand pain; Right shoulder pain; Possible thoracic outlet syndrome, right. According to the report dated 05/07/2014, the patient complains of cervical, right wrist/hand, and right shoulder pain. The patient reports significant decrease in pain with medications. She rates her cervical pain 6/10, right wrist pain 5/10, and right shoulder pain 6/10. The objective findings show tenderness in the cervical spine with limited range of motion due to pain. There is tenderness on the right shoulder with limited range of motion. There are spasms in the cervical trapezius/cervical paraspinal musculature noted. The utilization review denied the request on 05/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy for the right hand /wrist, 3 times a week for 4 weeks as an outpatient:**  
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 MTUS has the following: Physical Medicine Page(s): 98,99.

**Decision rationale:** This patient presents with cervical, right wrist/hand, and right shoulder pain. The treater is requesting 12 physical therapy visits for the right hand/wrist. The MTUS Guidelines page 98 and 99 on physical medicine recommend 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any recent or prior physical therapy reports to verify how many treatments the patient has received and with what results. The correspondence letter dated 06/29/2013 notes that the patient received 8 sessions of physical therapy with excellent results. However, the treater states that the patient remains deconditioned. Given that the patient last utilized physical therapy in June 2013, a brief refresher course would be beneficial. But, the requested 12 sessions exceed MTUS Guidelines. Recommendation is that the request is not medically necessary.