

<b>Case Number:</b>	CM14-0121225		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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:

This 31 year-old patient sustained an injury on 4/4/14 from tripping on a small pile of linen falling onto back and left hand while employed by [REDACTED]. Request(s) under consideration include Physical Therapy Left upper extremity 2x6. Diagnoses include left arm/wrist sprain/strain; left shoulder musculoligamentous sprain/strain with subacromial impingement syndrome; left elbow musculoligamentous sprain/strain and right thumb musculoligamentous sprain/strain. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 7/14/14 from the provider noted the patient with ongoing constant left wrist pain rated at 8/10 radiating into forearm and hand; left shoulder and left forearm pain; constant low back pain rated at 8/10 radiating around waist. The patient was noted to have been participating in therapy with improved strength and range as well as decreasing pain. Exam showed cervical spine with paraspinal spasms and tenderness; positive Spurling on left; diffuse motor weakness of 4/5 in upper extremity; lumbar spine with spasms and tenderness; positive sciatic notch with negative SLR and 4/5 EHL strength. Peer discussion indicated the patient has had 6 Physical Therapy sessions since DOI. The request(s) for Physical Therapy Left upper extremity 2x6 was non-certified on 7/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Left upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Elbow FA, Wrist and Hand Sections PT ACOEM Guidelines July 2012

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received 6 therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Twelve (12) Physical Therapy sessions Left upper extremity is not medically necessary and appropriate.