

<b>Case Number:</b>	CM14-0136917		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/13/1990
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 72 year old male with an injury date of 09/13/90. Based on 06/06/14 progress report provided by [REDACTED] the patient complains of neck pain that radiates to right arm, low back pain that radiates to bilateral legs, bilateral shoulder and bilateral wrist pain. Diagnosis included bilateral shoulder impingement syndrome and carpal tunnel syndrome. Physical Examination 06/06/14 Cervical Spine:- tenderness to palpation and spasm of paravertebral muscles- decreased range of motion, especially right lateral bending at 34 degrees. Lumbar Spine:- tenderness to palpation and spasm of paravertebral muscles- decreased range of motion: especially right and left lateral bending at 20 degrees Right Shoulder:- tenderness to palpation and spasms of the posterior shoulder.- decreased range of motion: especially adduction at 34 degrees- supraspinatus press causes pain Left Shoulder:- tenderness to palpation and spasms of the anterior shoulder.- decreased range of motion: especially adduction at 34 degrees- supraspinatus press causes pain Bilateral Wrist: - full range of motion, no swelling- TTP dorsal wrist- Reverse Phallen's test (right) [REDACTED] is requesting Twelve (12) sessions of physical therapy (through [REDACTED]). The utilization review determination being challenged is dated 07/31/14. The rationale is physical therapy sessions are not indicated for this patient per guidelines. [REDACTED] is the requesting provider, and he provided treatment reports from 11/22/13 - 06/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of physical therapy (through [REDACTED]): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Section.

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

**Decision rationale:** The patient has been diagnosed with bilateral shoulder impingement syndrome and carpal tunnel syndrome. The request is for Twelve (12) sessions of physical therapy (through [REDACTED]). MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the treater has asked for 12 total sessions of physical therapy. The treater does not discuss treatment history, why more treatment is needed at this juncture and what functional deficits to be addressed with additional therapy. The request for 12 sessions also exceeds what is allowed by MTUS for this type of condition. Recommendation is for denial.