

<b>Case Number:</b>	CM14-0176464		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 58-year-old male with an injury date of 08/17/2011. Based on the denial letter, the patient has had extensive PT/Chiro for his chronic condition. No subjective benefits were noted from the physical therapy. There was no documentation as to why the patient is not able to continue with rehabilitation on HEP basis. The patient is wearing a brace on the left wrist and elbow. He has decreased grip strength bilaterally and a decreased range of motion of the left shoulder with a positive impingement sign. The patient also has a positive Phalen's and Tinel's sign. The patient appears to be depressed and has undergone left carpal tunnel ulnar nerve release and left shoulder surgery (dates of surgery not provided). A list of diagnoses was not provided. The utilization review determination being challenged is dated 10/05/2014. There was 1 treatment report provided from 08/18/2014 which was illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the neck and left shoulder, twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

**Decision rationale:** According to the denial letter, the patient has decreased grip strength bilaterally and a decreased range of motion of the left shoulder with positive impingement sign, positive Phalen's sign, and positive Tinel's sign. The request is for physical therapy to the neck and left shoulder, twice a week for 4 weeks. There is no indication of how many total physical therapy sessions the patient has already had. MTUS Guidelines pages 98 and 99 allow for 9 to 10 visits over 8 weeks for myalgia and myositis, 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy. The patient had surgery but there is no date provided as to when the surgery occurred. The patient also had prior physical therapy as stated in the denial letter; however, there is no discussion as to how many sessions of physical therapy the patient had or if these sessions provided functional improvement. There is no current rationale for the requested therapy. There is no flare-up, decline in function, new injury or other issues. Due to lack of documentation, this request is not medically necessary.