

<b>Case Number:</b>	CM15-0101031		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 55-year-old female, who sustained an industrial injury on June 18, 2014. She reported an injury to her cervical spine in a fall. Treatment to date has included medication, modified work duties, physical therapy and home exercise program. Currently, the injured worker complains of continued pain in the neck with pain radiation into the right elbow and right wrist. She reports associated numbness of the right hand and rates her pain a 7 on a 10-point scale. Her medications help improve the pain and rates her pain level a 5 on a 10-point scale when she is using medications. On physical examination, the injured worker has tenderness to palpation over the cervical spine and has normal cervical range of motion. There was no evidence of radiating pain to the upper extremities on cervical motion. Cervical compression test is negative and a Spurling test is negative. Her right shoulder is tender to palpation and she exhibits a decreased right shoulder range of motion. Her right elbow has mild tenderness to palpation over the lateral epicondyle and mild over the medial epicondyle. A cubital tunnel test is positive. A Tinel's sign is negative in the elbow with no evidence of ulnar nerve irritation. Her right wrist is tender to palpation and she has a decreased range of motion on the right side. The diagnoses associated with the request include right shoulder sprain, right elbow sprain, right wrist sprain, cervical strain and cervical degenerative joint disease. The treatment plan includes a short course of physical therapy two times per week for four weeks to increase range of motion and decrease pain, acupuncture therapy, home exercise and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder, right wrist and cervical spine, 2 times weekly for 4 weeks, quantity: 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has completed 12 physical therapy sessions previously without documented functional improvement. The request for physical therapy for the right shoulder, right wrist and cervical spine, 2 times weekly for 4 weeks, quantity: 8 sessions is determined to not be medically necessary.