

<b>Case Number:</b>	CM15-0111978		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 52 year old male injured worker suffered an industrial injury on 08/31/2012. The diagnoses included cervical spine musculoligamentous injury without discopathy, thoracic/lumbar sprain/strain, bilateral shoulder sprain/strain, both hands pain, both knees sprain/strain, right hip strain and depression. The injured worker had been treated with medications, chiropractic care and physical therapy. On 5/28/2015, the treating provider reported cervical spine, lumbar spine pain rated 8/10, bilateral hands/wrists 7.5/10 pain, left ankle 8.5/10 pain, bilateral shoulder pain 8.5/10, bilateral hip pain 8.5/10 and bilateral knees pain 8/10. On exam the he was very guarded with movement. The cervical and lumbar spines were tender with reduced range of motion. The treatment plan included Physical Therapy for the bilateral shoulder and right wrist and Chiropractic care for the neck, thoracic, back, bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the bilateral shoulder and right wrist, twice a week for four weeks:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified. 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS). 24 visits over 16 weeks. In this case, the claimant had completed at least 12 sessions of prior therapy. Individual therapy noted was not provided. There was no indication that additional therapy cannot be completed at home. The request for 8 additional therapy sessions of the shoulders and wrist is not medically necessary.

**Chiropractic care for the neck, thoracic, back, bilateral shoulders, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified. 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS). 24 visits over 16 weeks. In this case, the claimant had completed at least 12 sessions of prior therapy. Individual therapy noted were not provided. There was no indication that additional therapy cannot be completed at home. The request for 12 additional therapy sessions of the shoulders neck and back is not medically necessary.