

<b>Case Number:</b>	CM15-0116770		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 injured worker is a 43 year old female, who sustained an industrial injury on 8/20/2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical sprain/strain with possible associated discopathy, right shoulder tendinitis/impingement syndrome, epicondylitis, and status post right carpal tunnel release on 2/18/15. Treatments to date include right wrist post-operative physical therapy. Currently, she complained of pain and stiffness to the neck associated with radiation into the right shoulder, arm and hand. On 4/2/15, the physical examination documented tenderness and weakness of the right upper extremity. There was a positive impingement sign. The plan of care included physical therapy twice a week for six weeks to treat the right shoulder and right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks to the right shoulder and right wrist:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In this case, the claimant had surgery on February for carpal tunnel in the right wrist and had undergone physical therapy for the wrist. There was no mention of surgery on the shoulder. According to the guidelines, most strain and muscular injuries (myositis) require no more than 8-19 visits of therapy. In this case, there was no indication that therapy cannot be performed at home. The 12 sessions requested exceed the guideline amount and is not medically necessary.