

<b>Case Number:</b>	CM15-0117541		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old female who sustained an industrial injury on September 16, 2008. She has reported injury to bilateral upper extremities and her wrist and has been diagnosed with shoulder and upper arm sprain/strain and wrist sprain/strain. Treatment has included acupuncture and medications. The injured worker was declared permanent and stationary. She was declared 20% upper extremity impairment on the left arm and wrist. Has FROM at the time and minimal diffuse tenderness to palpation involving bilateral upper extremities. The treatment request included physical therapy bilateral wrist and elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3 weeks bilateral wrist/elbow:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 2008 and continues to be treated for bilateral upper extremity pain. Treatments have included acupuncture. When seen, she was having diffuse tenderness of the upper extremities. There was full range of motion. Diagnoses included sprain/strain of the shoulders, elbows, and wrists. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of reestablishing a home exercise program. The request was medically necessary.