

<b>Case Number:</b>	CM15-0119250		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	01/18/2005
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 65 year old female, who sustained an industrial/work injury on 1/18/05. She reported initial complaints of bilateral hand pain. The injured worker was diagnosed as having carpal tunnel syndrome, chronic pain, shoulder pain, and brachial neuritis. Treatment to date has included medication, physical therapy, and diagnostics. Currently, the injured worker complains of reduced grip strength in hand along with neck tenderness. Pain is rated 6/10 with medication and 9/10 without medication. Per the primary physician's progress report (PR-2) on 5/4/15, exam noted ambulation with a walker, neck C5-7 tender to palpation with right trapezius tension and tenderness, right shoulder has tenderness with palpation at acromioclavicular joint and deltoid insertion, right elbow tenderness at medial epicondyle region with full active range of motion, right hand full range of motion with strength at 4-/5, left hand full range of motion except thumb with joint deformity fo 1st metacarpal joint and decreased extension of the thumb, grip strength is 3-4/5 with marked atrophy of both thenar and hypothenar eminences. The requested treatments include shoulder physical therapy to the bilateral wrist/right knee/shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder physical therapy 2 x Wk x 3 Wks to the bilateral wrist/right knee/shoulder:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Shoulder and Knee & leg (Acute & Chronic); Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. 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 January 2005 and continues to be treated for neck, shoulder, elbow, and hand pain. When seen, pain was rated at 6/10 with medications. She was noted to ambulate with a walker. There was cervical spine, right shoulder, and right elbow tenderness. There was decreased bilateral hand strength. The assessment references not having had hand therapy since undergoing carpal tunnel release surgery and six sessions of therapy was requested. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. In this case, the claimant's surgery was more than 6 month prior to this request and the chronic pain treatment guidelines apply. 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 establishing a home exercise program. The request was medically necessary.