

<b>Case Number:</b>	CM15-0121436		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 was a 35 year old female, who sustained an industrial injury, September 15, 2013. The injury occurred when the injured worker was pushing a patient in a wheel chair and slipped on a wet floor, injuring the lower back. The injured worker previously received the following treatments x-rays of the right wrist and shoulder, Cymbalta, home exercise program, physical therapy for the right wrist and shoulder, Lyrica, Ibuprofen, Aspirin, Aspirin with caffeine, Ambien, Trazodone, Clonazepam, Tylenol, Zofran, Temazepam, Dilaudid, functional restoration program, pelvic x-ray, lumbar spine MRI, transforaminal epidural steroid injection, chiropractic services and cervical spine MRI. The injured worker was diagnosed with right rotator cuff tear, anxiety, mild depression, chronic right upper extremity pain, right shoulder SLAP tear and cervical myofascial pain. According to progress note of June 12, 2015, the injured worker's chief complaint was right shoulder and lower back pain. The pain was described as achy. The average pain level was 6 out of 10, with mediations 3 out of 10 and without pain medications 4 out of 10. The injured worker was having difficulty hold composure for more than 30 minutes. The injured worker was not working secondary to accommodations with human resources. The injured worker had continued right hand numbness and in the 1-3 fingers with repetitive use. The treatment plan included additional physical therapy for the right wrist and shoulder to assist the injured worker with increased endurance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy 1x16 (right wrist/hand/shoulder): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure summary online, Forearm, wrist & hand procedure summary online, Physical therapy/chiropractic 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 sustained a work injury in September 2013 and continues to be treated for right shoulder, wrist, and hand pain. When seen, there was difficulty accommodating work restrictions. She was performing exercises that she had been taught during participation in a functional restoration program. She was having right hand numbness affecting the first three fingers with repetitive use or writing. Physical therapy was requested to improve endurance. The claimant is being treated for chronic pain with no new injury and has already had physical therapy including a home exercise program. Ongoing compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and would be the appropriate treatment for improving her endurance. The number of visits requested is in excess of what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.