

<b>Case Number:</b>	CM15-0025590		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: 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 47-year-old male with an industrial injury date of 02/15/2013 with injury to neck and back. The injured worker presents on 01/06/2015 with complaints of neck pain, right shoulder pain, right elbow pain and right hand numbness. Physical exam noted tenderness in cervical and thoracic spine. Right shoulder, right elbow and right wrist were tender. Diagnoses included Right shoulder girdle sprain. Right rotator cuff sprain. Right lateral epicondylitis. Right forearm sprain. Right wrist sprain. Prior treatments included acupuncture, TENS unit, physical therapy, right shoulder surgery. On 01/13/2015, utilization review denied the request for physical therapy 2 x 4 - cervical, right forearm and right wrist. MTUS and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy cervical, right forearm, right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 is nearly 2 years status post work-related injury and continues to be treated for chronic neck and right upper extremity pain. Prior treatments have included physical therapy. 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 in excess of that recommended and therefore not medically necessary.