

<b>Case Number:</b>	CM15-0043303		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: California, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, 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 48 year old male who sustained a work related injury January 4, 2011. During the course of employment doing repetitive work, he began feeling pain in both shoulders and right wrist. According to an orthopedic re-evaluation dated January 28, 2015, the injured worker presented regarding his right wrist. He underwent DeQuervains release on 11/15/2014. He has also undergone previous bilateral shoulder surgery; right April, 2011 and left October, 2011 for chronic re-tear of the cuff bilaterally with ongoing pain in both shoulders. Treatment plan included request for additional 12 sessions of physical therapy for the right wrist and a discussion regarding shoulder prosthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The MTUS endorses 14 visits of physical therapy for the injured employee's condition followed by home exercise after the surgery he had. The progress note from physical therapy dated February 16, 2015 indicates that there have been 29 visits of physical therapy rendered thus far which shows progression as expected, and a sufficient number of post-op PT after the surgery for DeQuervain's. Considering the magnitude of therapy previously rendered in the progress achieved, this request for additional physical therapy three times a week for four weeks for the right wrist is not medically necessary.