

<b>Case Number:</b>	CM15-0044316		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	12/12/2010
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	02/20/2015
<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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 63-year-old female who sustained an industrial injury on 12/12/2010 due to cumulative trauma. Diagnoses include status post (s/p) bilateral carpal tunnel releases with residuals; s/p right shoulder arthroscopy with subacromial decompression and distal clavicle resection; cervical spine strain-rule out cervical radiculopathy; and degenerative joint arthritis of both hands. Treatments to date include medications, physical therapy (PT), bilateral carpal tunnel release, right shoulder injections, right shoulder surgery, cervical epidural steroid injections and home exercise program. According to the progress notes dated 1/14/15, the IW reported constant moderate to severe neck pain, right shoulder pain and hand/wrist pain with associated numbness and tingling in the fingers. On examination, there were spasms in the cervical paraspinal musculature and restricted range of motion of the right shoulder. X-rays of the cervical spine and right shoulder on that date were within normal limits and those of the bilateral hand and wrists revealed degenerative arthritis of the proximal and distal interphalangeal (PIP and DIP) joints. A request was made for physical therapy twice weekly for six weeks for the cervical spine, right shoulder, bilateral wrists and bilateral hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy of the cervical spine, right shoulder, bilateral wrists and bilateral hands two times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The patient was injured on 12/12/10 and presents with pain in her cervical spine, right wrist, right hand, and right shoulder. The request is for Physical Therapy Of The Right Cervical Spine, Right Shoulder, Bilateral Wrists And Bilateral Hands 2 Times A Week For 6 Weeks. There is no RFA provided and the patient is not currently working. Review of the reports provided indicates that the patient has had prior physical therapy. MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with status post bilateral carpal tunnel releases with residuals, (date of surgery not provided), s/p right shoulder arthroscopy with subacromial decompression and distal clavicle resection (date of surgery not provided), cervical spine strain-rule out cervical radiculopathy, and degenerative joint arthritis of both hands. Treatments to date include medications, physical therapy (PT), bilateral carpal tunnel release, right shoulder injections, right shoulder surgery, cervical epidural steroid injections and home exercise program. There is no indication of any recent surgery the patient may have had. It appears that the patient has had prior physical therapy; however, there is no indication of when these sessions took place, how many sessions of therapy the patient, or how these sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Furthermore, the requested total of 12 sessions of physical therapy exceeds what is allowed by MTUS Guidelines. Therefore, the request is not medically necessary.