

<b>Case Number:</b>	CM15-0045593		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	10/19/2006
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: California, Arizona  
 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 is a 52 year old female, who sustained an industrial injury on 10/19/2006. The current diagnoses are impingement syndrome, status post bilateral arthroscopic acromioplasty, right reflex sympathetic dystrophy, bilateral carpal tunnel syndrome, causalgia of the right upper limb, right adhesive capsulitis, right cubital tunnel syndrome, bilateral lateral epicondylitis, and right pronator tunnel, sprain/strain of the sacroiliac joint and cervical radiculopathy. According to the progress report dated 02/04/2015, the injured worker complains of pain in the left shoulder, bilateral elbows, and neck. There was no comprehensive physical examination provided on the requesting date. The current medications are Cymbalta and Elavil. Treatment to date has included medication management, physical therapy, bracing, and shoulder arthroscopy. Tests performed include nerve testing, X-rays, and MRI. The plan of care includes 8 physical therapy sessions, manual therapy techniques, ultrasound, traction, therapeutic activities, electrical stimulation, hot/cold packs, self-care management training, and neuromuscular re-education to the neck, left shoulder, and elbows. The Request for Authorization form was submitted on 02/06/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 times a week, neck, left shoulder and bilateral elbows QTY: 8: 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:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it is noted that the injured worker has been previously treated with a course of physical therapy. There was no documentation of the previous course with evidence of significant functional improvement. The medical necessity for additional treatment has not been established in this case. Therefore, the request is not medically necessary.