

<b>Case Number:</b>	CM15-0065002		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/17/2002
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Emergency Medicine

### 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 53 year old male, who sustained an industrial injury, September 17, 2002. The injured worker received the following treatments in the past arthroscopic right shoulder surgery and Meloxicam. The injured worker was diagnosed with right shoulder pain, tendinitis of the left shoulder, chronic neck pain and arthroscopic surgery on the right shoulder. According to progress note of February 18, 2015, the injured workers chief complaint was neck pain and yearly follow-up. The injured worker was having numbness at night of the left hand. The physical exam noted tenderness with palpation over the muscles at the base of the neck on the left about C7-C6 area. The flexion and extension were limited to 5 degrees and rotary movement bilaterally. The treatment plan included to evaluate and treat times 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluate and treat x6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy.

**Decision rationale:** The requested Evaluate and treat x6 sessions, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, Pages 264-265 and Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy, recommend continued physical therapy with documented objective evidence of derived functional improvement from completed physical therapy sessions as a transition to a dynamic home exercise program. The injured worker has numbness at night of the left hand. The treating physician has documented tenderness with palpation over the muscles at the base of the neck on the left about C7-C6 area. The flexion and extension were limited to 5 degrees and rotary movement bilaterally. The treating physician has not sufficiently documented persistent functional limitations or physical exam deficits that would require 6 treatment sessions. The request for Evaluate and treat x6 sessions is not medically necessary.