

<b>Case Number:</b>	CM15-0090787		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on 02/18/2011. She has reported injury to the neck, back, bilateral shoulders, and bilateral wrists. The diagnoses have included cervical musculoligamentous strain/sprain with radiculitis; cervical spine discogenic disease; thoracic musculoligamentous strain/sprain; thoracic spine myofascial pain syndrome; lumbosacral musculoligamentous strain/sprain; lumbosacral spine discogenic disease; bilateral shoulder strain/sprain, tendinitis, and impingement syndrome; and bilateral wrist strain/sprain and carpal tunnel syndrome. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Ibuprofen, Norco, and topical compounded creams. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the neck, mid/upper back, lower back, bilateral shoulders, and bilateral elbows; pain and numbness in the bilateral wrists; and pain is rated 7/10 on the visual analog scale. Objective findings included tenderness to palpation over the cervical paraspinal muscles with restricted range of motion; cervical compression test is positive; tenderness to palpation over the thoracic paraspinal muscles; tenderness to palpation over the lumbar paraspinal muscles with restricted range of motion; positive straight leg raise test bilaterally; tenderness to palpation of the bilateral shoulders, elbows, and wrists; range of motion is restricted to the bilateral shoulders with positive impingement and supraspinatus tests; and Tinel's sign and Phalen's test are positive bilaterally. The treatment plan has included the request for physical therapy two

times a week for six weeks to the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, and bilateral wrists (12 sessions).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 x week x 6 weeks C/S,T/S,L/S bilateral shoulder, bilateral wrist (12 sessions): Upheld**

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

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

**Decision rationale:** The MTUS Physical Medicine Guidelines allow for 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 8 weeks for neuralgia, neuritis, and radiculitis. These guidelines allow for a short course of passive treatment to reduce acute symptoms and establishment of an exercise program, which gradually tapers off to an independent home exercise program where further gains can continue to be realized without the continued supervision of a physical therapist. This request for 12 sessions is in excess of these guidelines and is not medically necessary.