MAXIMUS Federal Services

| Case Number: | CM14-0141149 | | |
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| Date Assigned: | 09/10/2014 | Date of Injury: | 05/16/2014 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including th

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year-old patient sustained an injury on 5/16/14 while employed by [redacted]. Request(s) under consideration include Physical Therapy (PT) 2x/Week x 3 Weeks. Diagnoses include right shoulder injury, neck injury, right wrist injury, and right arm pain. Report of 7/15/14 from the provider noted patient with ongoing complaints in neck, shoulder, and hand/wrist. Exam showed full range in neck, shoulder, wrist and hand with 5/5 motor strength in bilateral upper limbs; non-tender; normal sensation throughout. Treatment included additional physical therapy 6 sessions for total of 12. Report of 8/27/14 from the provider noted patient with ongoing complaints in neck, shoulder, and hand/wrist. Exam showed non-antalgic gait, tenderness at trapezius, full range with 4/5 strength; shoulder with tenderness; 5/5 in bilateral upper limbs with difficulty in range above shoulder; elbow with full range and 4/5 strength. Diagnoses included neck, right shoulder, and right elbow injury. Plan included x-rays, NCV/EMG, medications with full work. Report of 9/18/14 from the provider noted the patient with ongoing symptoms Exam showed non-tender shoulder with full range, DTRs 2+ throughout bilateral upper limbs with 4/5 motor strength diffusely; wrist/hand with normal range; tenderness at right wrist. Treatment noted medications of Tylenol #3 refilled and patient remained off work until 9/21/14. The request(s) for Physical Therapy (PT) 2x/Week x 3 Weeks was non-certified on 8/15/14 citing guidelines criteria and lack of medical necessity

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) 2 Times A Week For 3 Weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of further physical therapy without noted acute new injuries or change in clinical presentation for this chronic injury. The request is not medically necessary and appropriate.