

<b>Case Number:</b>	CM13-0015091		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain, shoulder pain, wrist pain, cubital tunnel syndrome, carpal tunnel syndrome, and lateral epicondylitis reportedly associated with an industrial injury of December 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; attorney representation; and work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a utilization review report of July 31, 2013, the claims administrator denied the request for additional physical therapy for bilateral elbows, stating that the applicant could perform home exercise program. The applicant's attorney later appealed. In a July 19, 2013 report, it is stated that the applicant continues with persistent low back and arm pain. The applicant is receiving therapy at present. They have mild lateral epicondylar tenderness and diminished grip strength with equivocal impingement sign about the right shoulder. The applicant is asked to continue 12 sessions of physical therapy and acupuncture while continuing work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy:** 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 Page(s): 8, 99.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, states, a general course of 9 to 10-session treatment is recommended for myalgia and/or myositis of various body parts. The chronic pain guidelines, however, endorse tapering or fading the frequency of physical therapy over time. The original request, would alone represent treatment in excess of the guideline. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there must be demonstration of functional improvement at various points in the treatment program so as to justify continued treatment. In this case, there is no clear-cut evidence of functional improvement as defined by the MTUS guidelines. The applicant does not appear to have returned to work with limitations remaining in place. The applicant remains highly reliant on various forms of medical treatment, including physical therapy and acupuncture. Continuing physical therapy at a rate, frequency, and overall amount proposed by the attending provider is not indicated. The request for twelve sessions of physical therapy is not medically necessary and appropriate.