

<b>Case Number:</b>	CM13-0021864		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 & 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 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:

According to the records made available for review, this is a 53 year old male with a 11/30/10 date of injury. At the time (8/14/13) of request for authorization for physical therapy, there is documentation of subjective (left shoulder pain that has gotten better with physical therapy and nocturnal paresthasias of the hands bilaterally with difficulty with repetitive pinching, grasping, pushing, or pulling) and objective (improved range of motion in the left shoulder but still lacks strength in abduction, tenderness over the hands bilaterally with decreased sensation over the pinky, and positive Tinel's over the medial epicondyle bilaterally with subocipital nerve palpated) findings, current diagnoses (musculoligamentous strain of the cervical spine, impingement syndrome of the left shoulder, carpal tunnel syndrome of the hands, and osteoarthritis of the left thumb), and treatment to date (physical therapy for the shoulder).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWICE A WEEK FOR 6 WEEKS BILATERAL ELBOWS:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ELBOW, SECTION ON PHYSICAL THERAPY

**Decision rationale:** The MTUS Chronic Pain Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The ODG recommends a limited course of physical therapy for patients with a diagnosis of sprain/strain of the elbow not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction. The ODG indicates when treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous strain of the cervical spine, impingement syndrome of the left shoulder, carpal tunnel syndrome of the hands, and osteoarthritis of the left thumb. In addition, there is documentation of previous physical therapy. However, it is not clear if this is a request for reinitiating (where previous physical therapy has not been recent) or additional (where previous physical therapy is recent and may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy. Therefore, based on guidelines and a review of the evidence, the request for physical therapy twice a week for 6 weeks for the bilateral elbows is not medically necessary and appropriate