

<b>Case Number:</b>	CM13-0025126		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 patient is a 51 year old male who reported a work related injury on 10/23/2012 as a result of repetitive motion to the right upper extremity. Initial orthopedic evaluation dated 08/14/2013 reports the patient was seen for the following diagnoses: musculoligamentous sprain/strain of the right elbow, chronic lateral epicondylitis right elbow, mild ulnar neuropathy medial aspect of the elbow. The provider documented upon physical examination of the patient's bilateral upper extremities, 5/5 motor strength was noted throughout, 2/5 reflexes were noted, sensation was intact. The patient had full range of motion about the bilateral elbows, and wrists. The provider documented the patient's course of treatment since the date of injury. The provider documents the patient had previously utilized physical therapy interventions, acupuncture treatment, and a medication regimen. The provider documents the patient's current medications utilized for this injury include ibuprofen and Lorazepam, simvastatin, aspirin, fish oil, and topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three (3) times a week for four (4) weeks for the right hand/elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence significant objective findings of symptomatology to support further supervised therapeutic interventions for this patient at this point in his treatment. The requesting physician, [REDACTED], recommends on clinical note 08/14/2013 that the patient utilized a course of physical therapy, working on strengthening exercises to the patient's right elbow and hand, as well as resistance-type stretching exercises for the lateral epicondylitis. However, the patient was noted to have full range of motion about the bilateral upper extremities, as well as full motor strength. The patient is status post his work-related injury of over a year's time. California MTUS indicate to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated for decreasing rate of pain, as the patient presented with no significant objective findings of symptomatology upon physical exam. Given all the above, the request for physical Therapy 3 times a week for 4 weeks - right hand/elbow is not medically necessary or appropriate.