

<b>Case Number:</b>	CM13-0041114		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/26/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 and is licensed to practice in Ohio 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 57-year-old female who reported a work related injury on 04/26/2008 as a result of strain to the bilateral upper extremities. The patient presents for treatment of the following diagnoses, right shoulder impingement syndrome with left shoulder tendonitis, right lateral epicondylitis with possible cubital tunnel syndrome to the right. Status post her work related injury, the patient has utilized physical therapy, medication regimen, and activity modification without resolve of her symptomatology. The clinical note dated 11/18/2013 reports the patient is making good progress with acupuncture treatment per the provider [REDACTED]. The provider documented upon physical exam of the patient 4/5 motor strength was noted throughout the bilateral upper and lower extremities. Clinical note documented the patient utilizes carisoprodol, Xanax, Celebrex, gabapentin, and Norco 10/325 for her pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for 12 sessions of physical therapy for the right elbow .: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences the patient has utilized an extensive course of physical therapy interventions for her bilateral upper extremities. California MTUS indicates, 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. Given that the most recent clinical note submitted for review failed to document significant objective findings of symptomatology about the patient's right elbow, as well as the patient lengthy course of physical therapy interventions, the request for 12 sessions of physical therapy for the right elbow is not medically necessary or appropriate