

<b>Case Number:</b>	CM13-0042617		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/09/2009
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 and Rehabilitation ; Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 33-year-old female with date of injury of 01/09/2009. The listed diagnoses per [REDACTED] dated 05/01/2013 are: 1. Right greater than left lateral epicondylitis 2. Right greater than left cubital tunnel syndrome 3. Status post bilateral carpal tunnel release, date is unknown According to the progress report dated 08/21/2013 by [REDACTED], the patient presents with complaints of numbness and tingling in the medial aspect of her elbow radiating into the ring and small finger worse on the right. She also continues to complain of pain and weakness in her hand and forearm and pain over the lateral elbow, worse on the right compared to the left. The physical exam shows tenderness to palpation over the lateral epicondyle and over the extensor carpi radialis brevis. There is pain over the lateral elbow with resisted wrist extension. These symptoms are all worse on the right compared to the left. There is also a positive Tinel's over the cubital tunnel and positive elbow flexion test. The treater is requesting 8 physical therapy sessions for the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 8 SESSIONS BILATERAL UPPER EXTREMITIES:** Overturned

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

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

**Decision rationale:** This patient presents with chronic pain in her hand, forearm, and elbow. The treater is requesting 8 physical therapy sessions for the bilateral upper extremities. The utilization review dated 09/27/2013 modified the request to 4 physical therapy sessions. Review of 97 pages of records do not show any recent physical therapy reports to verify how many treatments and with what results were accomplished. The MTUS Guidelines page 98 and 99 for physical medicine recommend 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Records show that the patient last utilized physical therapy in 2012. In this case, the patient can benefit from a short course of physical therapy to address chronic pain and exacerbations. The requested 8 sessions are within the MTUS Guidelines. Therefore, the request is certified.