

<b>Case Number:</b>	CM13-0052925		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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, 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 underlying date of injury in this case is 11/17/2010. The treating diagnoses include right cervicobrachial strain, right thoracic outlet syndrome, right lateral epicondylitis, right medial epicondylitis, status post ulnar nerve decompression, and rule out persistent compressed ulnar nerve at the elbow. The patient was additionally injured when she missed a step while walking down stairs. The patient is status post a right elbow ulnar nerve transposition surgical procedure in April 2013 and has reported ongoing pain in the hand as well as a flexion contracture. On 10/18/2013, the treating orthopedic surgeon saw the patient in follow-up and noted the patient reported pain in the right shoulder at 10/10 as well as pain in the right elbow at 6/10 and multiple difficulties with activities of daily living including driving, dressing, and sleeping. The patient had significant tenderness over the right lateral epicondyle which was increased with active extension of the wrist. She also had a positive Adson maneuver. The patient had normal motor and sensory function in the right upper extremity. The treating physician noted the patient had appropriate treatment but still had significant stiffness of the shoulder and elbow and tendinitis in both elbows. The treating physician recommended electrodiagnostic studies as well as physical therapy to improve range of motion at the elbow and shoulder and also to treat thoracic outlet syndrome and tendinitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE RIGHT SHOULDER AND RIGHT ELBOW, THREE (3) TIMES A WEEK FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends transition to an independent home rehabilitation program. The medical records at this time do not discuss progress with the patient's prior physical therapy treatment and do not clarify why additional supervised, rather than independent physical therapy, is indicated. At this time the request for physical therapy to the shoulder and elbow is not supported by the medical records and guidelines. This request is not medically necessary.