

<b>Case Number:</b>	CM13-0054412		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2013

### 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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in 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 47-year-old female who reported a work related injury on 12/29/2011 due to repetitive motions at work. The patient has undergone approximately 24 physical therapy sessions for right shoulder, elbow, and bilateral wrist pain. The patient was diagnosed with right lateral epicondylitis, right shoulder impingement syndrome, synovitis of the bilateral wrists, and brachial neuritis. A request has been made for physical therapy 2 times a week for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 2 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-100.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis. The employee was noted to have undergone 24 physical therapy sessions. There was a lack of documentation noting the employee's functional deficits to warrant additional formal physical therapy visits. There was no recent physical exam of the employee in the submitted documentation. There were also no exceptional factors noted for the

employee to justify continuing to exceed the guideline recommendations for physical therapy treatments. As such, the decision for physical therapy 2 times a week for 2 weeks is non-certified.