

<b>Case Number:</b>	CM13-0062050		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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, has a subspecialty in Pain Management, 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 25-year-old with date of injury of June 17, 2013. The listed diagnoses per [REDACTED] dated October 22, 2013 are carpal tunnel syndrome, impingement syndrome of shoulder, olecranon bursitis, De Quervains tenosynovitis, and sprain of wrist. In this same report, the patient states that since her last visit her condition has improved slower than expected. At present time, patient indicates that although she continues to have pain which is improving with new therapy (at new location) the patient continues to have pain behind her right elbow and shoulders radiating along both arms. The pain becomes more intermittent in nature and numbness has disappeared during the day. She occasionally she has numbness at night in her right hand. She rates her pain 6/10. The exam shows the right shoulder has full range of motion with mild tenderness, pain, and mild spasm. The right elbow has normal range of motion, no swelling, no effusion and no deformity. There is tenderness found at olecranon process. She exhibits mild tenderness in the cervical spine. The utilization review denied the request on October 31, 2013.

### 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 3 WEEKS RIGHT UPPER EXTREMITY:** Upheld

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

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

**Decision rationale:** This patient presents with right elbow, right shoulder and right hand pain. The treater is requesting six additional physical therapy for the right upper extremity. The Chronic Pain Medical Treatment Guidelines recommends eight to ten visits for myalgia, myositis and neuralgia type symptoms. The review of 207 pages of records do not show any physical therapy reports to verify how many treatments and with what results were accomplished. However, the progress report August 13, 2013 references 6 current sessions of therapy. The October 22, 2013 report shows that the patient continues to be symptomatic and the treater has asked for additional therapy. The treater does not mention what can be accomplished with additional therapy when prior therapy has failed to improve the patient's symptoms. Given the Chronic Pain Medical Treatment Guidelines, recommendation of ten sessions for this type of condition, and that the patient has had therapy recently, additional therapy does not appear to be indicated. The request for physical therapy for the right upper extremity, twice weekly for three weeks, is not medically necessary or appropriate.