

<b>Case Number:</b>	CM13-0066962		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/24/1997
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for bilateral De Quervain's tenosynovitis, lateral and medial epicondylitis, and right shoulder rotator cuff s/p repair associated with an industrial injury date of 09/24/1997. Treatment to date has included right shoulder arthroscopic rotator cuff repair on 09/27/2012, left C7 selective nerve root block aspiration and epineurogram on 10/09/2013, massage therapy, physical therapy for the right shoulder, and medications including fentanyl patch, oxycodone, Restoril, Lunesta, Effexor and baclofen. The utilization review from 11/27/2013 denied the request for physical therapy 2 x 4 for bilateral elbows due to lack of documentation of its medical necessity and specific goals expected to be achieved after treatment. Medical records from 2011 to 2014 were reviewed showing that patient complained of right shoulder and bilateral elbow pain graded 5-8/10 in severity. Rest, heat, and massage alleviated the pain. Writing and lifting the arm made it worse. She also complained of occasional tingling in her left arm and hand. Pain resulted to difficulty sleeping. Physical examination showed tenderness in the cervicoscapular areas. Range of motion of right shoulder was limited to flexion and abduction at 140 degrees, and external rotation at 50 degrees. Strength overall was "good to light strength testing", elbow range of motion was full and fingers were neurovascularly intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF PHYSICAL THERAPY THE BILATERAL ELBOWS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Physical Medicine Section.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Furthermore, the Official Disability Guidelines (ODG) recommends 8 visits over 5 weeks for epicondylitis. In this case, the patient has been complaining of bilateral elbow pain and diagnosed as a case of medial and lateral epicondylitis. A report dated 01/07/2014, cited that the hand elbow specialist also recommended physical therapy for both elbows. However, the official document of this report is not included in the medical records submitted. There is no comprehensive physical examination of both elbows that will corroborate the need for therapy. In addition, the specific therapy goals were not stated in any documentation. Lastly, the present request of 12 sessions exceeds the guideline recommendation of 8 visits as initial treatment. Therefore, the request for 12 sessions of physical therapy of bilateral elbows, 2 times per week for 4 weeks is not medically necessary.