

<b>Case Number:</b>	CM13-0071508		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 44 year old woman with a date of injury of 8/7/13 after a vehicle door injury to her right elbow. She was seen by her occupational medicine physician on 11/25/13 to review her cubital tunnel syndrome, cervical (neck) radiculopathy and pain, right elbow contusion and carpal tunnel syndrome. She had complaints of neck pain with tingling from her right elbow to her shoulder. She had one physical therapy visit in the past. Her physical exam is significant for decreased cervical back range of motion with pain and spasm. She had weakness (3/5 right grip) but was limited in testing due to pain and she had no atrophy. Her reflexes were 2+ and symmetric. A Computerized Tomography (CT) scan of her cervical spine showed normal alignment with degenerative disc disease changes and no fracture. Physical therapy for her neck, right shoulder, elbow, hand, carpal tunnel and cubital tunnel syndrome was recommended and is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC), Online Edition, Chapters, Neck & Upper Back, Shoulder, Elbow, and Carpal Tunnel Syndrome: Physical Therapy (PT)

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

**Decision rationale:** The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has been used for once as a modality and a self-directed home program should have been initiated. She is able to work at her job. There are physical therapy notes indicating she is tolerating the treatment but no documentation of functional gains. The records do not support the medical necessity of physical therapy sessions for unspecified amount of time.