

<b>Case Number:</b>	CM14-0000219		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/05/2013
<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 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 patient is a 32 year-old female that reported an injury on 6/11/13. The mechanism of injury was lifting. The current diagnosis is sprain/strain of the elbow/forearm not otherwise specified. The patient has had continuous pain to her left upper extremity since her injury. The past treatments include an unknown number of physical therapy sessions, acupuncture, and medications. The physical exam dated 10/21/13 indicated that the left elbow has pain with range of motion - extension is 0 degrees and flexion is 110 degrees. There was a positive Tinel's sign along the cubital tunnel, and there is tenderness to palpation about the medial epicondylar area. The left forearm has swelling and pain along with some decreased sensation. The left wrist has painful range of motion, dorsal flexion and volar flexion are full, and weakness is noted with grip strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LEFT UPPER EXTREMITY:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines for physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The recommended sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks. However, the request submitted only states physical medicine procedure and fails to identify the body part that is requested and the number of visits. Therefore, the request for physical medicine procedure is not medically necessary.