

<b>Case Number:</b>	CM14-0008307		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, shoulder, and neck pain reportedly associated with an industrial injury of November 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representations; muscle relaxants; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 17, 2014, the claims administrator denied a request for an additional 12 sessions of physical therapy. In a progress note dated December 17, 2013, the applicant reported persistent shoulder, hand, and elbow pain. It was stated that the applicant had issues with poor endurance on the job. The applicant was now working only 15 hours a week as opposed to 40 hours a week, it was seemingly suggested. The applicant was severely obese, with a height of 5 feet 4 inches and weight of 243 pounds, it was suggested, and exhibited tenderness about the trapezius and cervical paraspinal muscles. An additional 12-session course of physical therapy was endorsed, along with prescriptions for Zanaflex and Lidoderm. A 15-pound lifting limitation was also renewed. In a medical-legal evaluation of August 26, 2013, it was seemingly suggested that the applicant was working modified duty, although this was not clearly reported. Physical therapy was apparently already prescribed on September 9, 2013, along with work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X WK X 6 WKS RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 99

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

**Decision rationale:** The 12-session course of treatment, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that both pages 98 and 99 of the Chronic Pain Medical Treatment Guidelines endorse tapering or fading of the treatment frequency with time and transitioning applicants toward independent self-directed home physical medicine. In this case, no compelling case for treatment so far in excess of and counter to parameters and principles was furnished by the attending provider. Therefore, the request is not medically necessary.