

<b>Case Number:</b>	CM14-0009125		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 injured worker is a 31-year-old female with a reported date of injury on 01/22/2013. The injury reportedly occurred when the injured worker picked up a cart going through the door and the wheel fell off of the cart causing the cart to fall on the injured worker's forearm. Her diagnoses were noted to include right elbow epicondylitis and right wrist De Quervain's tenosynovitis with neuropraxia superficial radial nerve. Her previous treatments included physical therapy, home exercises, and medications. The progress note dated 12/04/2013 reported that a right tennis elbow release was approved; however, the injured worker deferred due to pregnancy. The progress note dated 01/03/2014 reported the injured worker complained of increased pain and swelling to her right hand. The injured worker reported therapy was helpful and wants to continue. The request for authorization form was not submitted within the medical records. The request is for physical therapy 3 times a week for 6 weeks for a total of 18 visits for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT), 3 X PER WEEK FOR 6 WEEKS FOR A TOTAL OF 18 VISITS, FOR THE 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, PHYSICAL MEDICINE, 99

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

**Decision rationale:** The request for physical therapy 3 times per week for 6 weeks for a total of 18 visits for the right elbow is non-certified. The injured worker has had previous treatments of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable objective functional deficits such as range of motion and motor strength. There is also a lack of documentation regarding quantifiable objective functional improvements from previous physical therapy visits. There is also lack of documentation regarding the number of visits the injured worker has completed. The documentation provided reports 6 visits of physical therapy in early 2013; however, more physical therapy was reported during the 01/2014 progress note. The request for 18 sessions of physical therapy would exceed the guideline recommendations. Due to the lack of current measurable objective functional deficits, previous treatment quantifiable objective functional improvements, and lack of documentation regarding the previous number of physical therapy visits, it is unknown if physical therapy would be appropriate at this time. Therefore, the request is non-certified.