

<b>Case Number:</b>	CM14-0118058		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/01/2005
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 62 year old female who sustained a work injury on 8-1-05. The claimant had a trip and fall as well as repetitive stress. The accepted body areas include hands, knees, wrists, left shoulder, psych, and GI system. The claimant underwent a left shoulder arthroscopic subacromial decompression and rotator cuff repair on 4-9-07. The claimant has had a left elbow ulnar nerve transposition on 10-16-13 and has had a right transforaminal epidural steroid injection. The cl has been treated with medications, physical therapy, surgeries as per above, and lumbar epidural steroid injection, as well as a use of a TENS unit. Office visit on 4-17-14 notes the claimant has both upper and lower extremity pain. The claimant is unchanged. She has completed 12 physical therapy sessions and is awaiting 12 more physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY, LEFT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): PAGES 16-18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter - physical therapy

**Decision rationale:** Post-Surgical Treatment Guidelines as well as ODG notes that "post-surgical treatment: 20 visits over 10 weeks are supported." It is noted the claimant has recently completed 12 sessions of physical therapy postop, while additional physical therapy is supported to allow the claimant to complete physical therapy per current treatment guidelines; this request is nonspecific without documentation o amount of physical therapy that is being requested. Therefore, nonspecific requests for open additional physical therapy is not established as medically indicated.