

<b>Case Number:</b>	CM14-0129184		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	04/04/2004
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 60 year-old female who was injured on 04/04/2004 due to cumulative trauma. The injured worker complains of right elbow pain which radiates into the shoulder and hand. The injured worker is diagnosed with a cervical strain. The injured worker takes Trazodone and ibuprofen. Records indicate the injured worker participated in at least 6 sessions of physical therapy in September 2013 to January 2014. It is unclear how many total visits of physical therapy the injured worker has received to date. Physical therapy discharge note dated 01/29/14 notes the injured worker has made slow progress with pain levels that continue to range between 2-3/10. Physical examination dated 01/07/2014 notes the injured worker demonstrates right upper extremity muscle strength of 5/5. No atrophy is noted and the right elbow is nontender with no swelling. Physical examination dated 07/15/2014 notes the injured worker has slight pain with gripping. This note indicates the injured worker drops things from the right hand. It is noted that the injured worker does not remember most of the exercise from physical therapy. A request for additional physical therapy was denied by utilization review dated 08/04/2014. Note of appeal from the treating physician dated 08/05/2014 is handwritten but appears to state the injured worker requires physical therapy to progress with a strengthening program of the right upper extremity. It indicates the injured worker has difficulty with heavy lifting. This is a request for two sessions of physical therapy to re-educate the injured worker in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy; 2 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

**Decision rationale:** Records indicate the injured worker has participated in physical therapy as recently as January 2014. At that time the injured worker was noted to have made slow improvement and was discharged from therapy. There is no agreed medical evaluation (AME) or functional capacity evaluation (FCE) submitted for review which suggests the injured worker be authorized future treatment for flare-ups. Physical examinations submitted for review do not reveal objective evidence of functional deficits which should be addressed with physical therapy. Based on the clinical information provided, medical necessity of two sessions of physical therapy is not medically necessary.