

<b>Case Number:</b>	CM14-0179570		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 64-year-old female with a date of injury of 12/20/2013. The listed diagnoses per [REDACTED] are: 1. Left elbow sprain/strain rule out medial epicondylitis. 2. Left wrist sprain/strain. 3. Left hand sprain/strain rule out tendonitis CTS. According to doctor's first report 09/02/2014, the patient presents with left elbow, left wrist/hand, left knee, and left hand pain. Examination revealed "left elbow flex 130 with tenderness medial and lateral epicondylar area, left wrist and hand extension 45 degrees, flex 45 degrees with tenderness wrist distal radial ulnar joint, left knee flex 115 degrees with medial and lateral joint." The treatment plan included physical therapy 2x5, MRI, EMG/NCV of bilateral upper extremities, medications, creams, and ultrasound-guided injection to the left knee and left hand. This is a request for physical therapy. Utilization review denied the request on 10/06/2014. Treatment reports from 05/23/2014 through 09/02/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 5 weeks for a total of 10 visits for the left arm and left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder - Physical Medicine Official Disability Guidelines, Elbow -

Physical Therapy Official Disability Guidelines, Forearm, Wrist & Hand - Physical/Occupational  
therapy Official Disability Guidelines, Physical medicine treatment

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

**Decision rationale:** This patient presents with left elbow, left wrist/hand, and left knee pain. The treater is requesting physical therapy 2 times a week for 5 weeks for a total of 10 visits for the left arm and left knee. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review does not include physical therapy treatment reports. Report 05/30/2014 states that patient is "going to physical therapy twice a week, which helps." ■■■■■ provided an Rx on 05/30/2014 for additional physical therapy of 2 times per week for 4 weeks. The patient has participated in at least 8 prior physical therapy sessions. Physical therapy progress notes are not provided and it is unclear of the outcome of these treatments. In this case, ■■■■■ request for 10 additional sessions exceeds what is recommended by MTUS. Furthermore, the treater does not discuss why the patient would not be able to transition into a self-directed home exercise program. The request for Physical Therapy is not medically necessary.