

<b>Case Number:</b>	CM14-0022836		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Oklahoma and 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:

The injured worker is a 44 year old female who reported on injury on 04/27/2012. The mechanism of injury was not noted in the documentation provided. The injured worker complained of chronic right upper extremity pain. Physical exam to the right shoulder noted least pain 6/10 and worst pain 8/10 with tenderness in the bicipital groove, anterolateral acromion. In the right elbow the injured worker noted least pain 4/10 and worst pain 7/10, range of motion at 142 degrees of flexion to -3 degrees extension, supination 80 degrees and pronation 40 degrees. In the right wrist it was noted with least pain 4/10 and worst 6/10, tender to palpation in the volar aspect radiating to the palm near the carpal tunnel release and numbness involving the ring & fifth digit. The right hand grasp continues to be weak. The injured worker has a history of carpal tunnel syndrome, trigger finger (acquired), lesion of ulnar nerve & calcifying tendinitis shoulder. The injured worker has completed physical therapy and taken medications to treat the pain. The medications include Norco 10/325mg, Actos 15mg, Aspirin 81mg, Bentyl 10mg, Ambien 10mg and Lidopro Trans-dermal patch. The injured worker has continued with the modified work duties and current medication. The request for authorization form and rationale was not included in the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY QTY:12 (2 X 6 AT PHYSIOTHERAPY ASSOCIATES HAYWARD): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker has a history of chronic pain to the right upper extremity and has been documented to have completed therapy. The California MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. There is a lack of documentation provided for review that listed the quantity and description of fading of treatment the injured worker has completed. In addition there is no documentation to support the injured worker has participated in a self-directed home physical medicine program. Furthermore, the request does not include a body part(s) for care. Based on the above noted, the request is not medically necessary and appropriate.