

<b>Case Number:</b>	CM14-0025286		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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 56 year old male who reported an injury on 05/07/2010 due to an unspecified mechanism of injury. On 08/09/2013, he reported feeling sore in his right elbow with pain radiating down to his wrist as well as pain in his neck. Diagnosis included cervicalgia, lateral epicondylitis elbow, pain in joint in the upper arm, status post C5-C7 discectomy with interbody fusion, status post right lateral elbow extensor debridement and repair on 05/18/2013, and persistent right elbow and forearm pain rule out pronator syndrome. The injured worker was noted to have completed 15 physical therapy sessions. The treatment plan was for outpatient physical therapy consisting of therapeutic exercise, low frequency, non-contact, non-thermal ultrasound, including topical applications when performed, and neuromuscular re-education to cervical and right upper extremity (right elbow). The request for authorization form was signed on 08/09/2013. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY WITH ULTRASOUND FOR THE CERVICAL SPINE AND RIGHT UPPER EXTREMITY (8 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Per California MTUS Guidelines, Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The modalities listed in the requested treatment consist of mainly passive modalities. The injured worker reported feeling more soreness and pain after completing his 15 physical therapy visits on 07/22/2013 indicating that the program had not been effective. In addition, the modalities for the physical treatment he was attending were not provided to show if the program could be modified. Ultrasound is recommended, however, the rationale for the use of ultrasound during physical therapy was not provided. The documentation provided lacks the necessary signs of improvement and information needed to warrant the request. As such, the request is not medically necessary.