

<b>Case Number:</b>	CM14-0033802		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 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 male who reported an injury on 09/18/2013 due to throwing brush in to a wood chipper. The injured worker complained of sharp pain to his right elbow. A physical exam dated 04/22/2014 noted there was a mild tenderness at the medial epicondyle. Manual grip strength has decreased. No medications are noted in the documentation submitted for review. The injured worker diagnosis was sprain elbow/forearm. The injured worker's diagnosis was sprain elbow/forearm. The treatment plan was for additional physical therapy two times per week for four weeks to the elbow and forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS TO THE RIGHT ELBOW/FOREARM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical

medicine. For myalgia and mytosis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks, and for reflex sympathetic dystrophy 24 visits over 16 weeks are indicated. The medical records provided for review indicate the injured worker has received 2 courses of physical therapy. There was no documentation submitted from physical therapy as to the progress of the injured worker's functional status. In addition the clinical information provided does not establish medical necessity for the request for additional physical therapy two times per week for four weeks to the right elbow and forearm. As such, the request is not medically necessary and appropriate.