

<b>Case Number:</b>	CM14-0034046		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/21/2014
<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 Minnesota. 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 female who reported an injury on 06/08/2010 due to an unknown mechanism. The injured worker had complaints of right shoulder pain with sharp shooting pains down the right arm. Physical examination on 12/30/2013 revealed past surgery left elbow and wrist. Left elbow tender at lateral epicondyle, left wrist tender over incision, right shoulder forward flexion was to 110 degrees, abduction was to 100 with 3/5 pain, positive impingement. Right elbow tender at lateral and medial epicondyle, positive Tinel's sign and pain with resisted motion. The right wrist positive Tinel's sign, positive Phalen's sign positive grind test, positive Finkelstein's sign. Diagnostic studies were not submitted for review. Medication being used was flector patch. The reports of other medications tried and failed were not submitted. Surgical reports were not submitted. The diagnoses were ulnar neuritis, epicondylitis bilateral and medial, right shoulder impingement. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown physical therapy sessions for the bilateral wrists and elbows: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Elbow/Forearm, Wrist, & Hand (Acute & Chronic)- Physical Therapy Guidelines.

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

**Decision rationale:** The request for physical therapy sessions for the bilateral wrists and elbows is not medically necessary. There is no documentation of previous medications tried and failed. Diagnostic studies, surgical reports and previous physical therapy reports were not submitted. California Medical Treatment Utilization Schedule states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The request form did not specify how many times weekly or how many visits total. The document submitted for review did not have reports of medications such as NSAIDs tried and failed. Therefore the request is not medically necessary.