

<b>Case Number:</b>	CM14-0048539		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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:

This 44 year-old patient sustained an injury on 12/28/10 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 3 x week x 4 weeks Left Shoulder and Left Elbow. Diagnoses include s/p left cubital tunnel release on 5/10/12; extensor tendinitis of left thumb; left wrist sprain; and Left shoulder acromioplasty on 1/4/12. The patient has had certification of 48 physical therapy visits with minimal benefit. The patient underwent a steroid injection of the left wrist on 1/24/14 with noted improvement. Report of 1/6/14 from the provider noted the patient is s/p left ulnar nerve release on 5/10/12, slowly healing and s/p left shoulder arthroscopy on 1/4/12, gradually improving with left thumb extensor tendinitis. It was noted in spite of Piroxicam and temporary disability, the thumb continued with pain and discomfort. Plan was for elastic wrap with piroxicam; TTD and steroid injection into extensor tendons of left thumb at base. Report of 2/4/14 from the provider noted ongoing symptoms complaints of the left shoulder and elbow with increasing numbness of the left arm ulnar nerve distribution. Exam showed positive Tinel's at cubital tunnel; trace decreased sensation; 1+ tenderness at left thumb with discomfort over left thenar eminence; and increased numbness of left ulnar nerve distribution. Report of 2/28/14 has unchanged diagnoses and clinical findings of diffuse tenderness and discomfort. Plan was to continue Norco, Flexeril, Piroxicam and PT with short course of prednisone. Request(s) for Physical Therapy 3 x week x 4 weeks Left Shoulder and Left Elbow was not medically necessary on 3/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy 3 x week x 4 weeks Left Shoulder and Left Elbow: 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 Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99,.

**Decision rationale:** This 44 year-old patient sustained an injury on 12/28/10 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 3 x week x 4 weeks Left Shoulder and Left Elbow. Diagnoses include s/p left cubital tunnel release on 5/10/12; extensor tendinitis of left thumb; left wrist sprain; and Left shoulder acromioplasty on 1/4/12. The patient has had certification of 48 physical therapy visits with minimal benefit. The patient underwent a steroid injection of the left wrist on 1/24/14 with noted improvement. Report of 1/6/14 from the provider noted the patient is s/p left ulnar nerve release on 5/10/12, slowly healing and s/p left shoulder arthroscopy on 1/4/12, gradually improving with left thumb extensor tendinitis. It was noted in spite of Piroxicam and temporary disability, the thumb continued with pain and discomfort. Plan was for elastic wrap with piroxicam; TTD and steroid injection into extensor tendons of left thumb at base. Report of 2/4/14 from the provider noted ongoing symptoms complaints of the left shoulder and elbow with increasing numbness of the left arm ulnar nerve distribution. Exam showed positive Tinel's at cubital tunnel; trace decreased sensation; 1+ tenderness at left thumb with discomfort over left thenar eminence; and increased numbness of left ulnar nerve distribution. Report of 2/28/14 has unchanged diagnoses and clinical findings of diffuse tenderness and discomfort. Plan was to continue Norco, Flexeril, Piroxicam and PT with short course of prednisone. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 3 x week x 4 weeks Left Shoulder and Left Elbow is not medically necessary and appropriate.