

<b>Case Number:</b>	CM14-0089856		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Emergency Medicine 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 33-year-old female who reported an injury on 11/28/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 05/07/2014 indicated diagnoses of De Quervain's syndrome, lateral epicondylitis, strain/sprain of the cervical. The injured worker reported given her arm pain she had not been working. The injured worker reported mild base pain, increased neck pain with neck motion, increased left elbow and wrist pain with the use of her arm, any gripping, reaching or lifting flared her pain. The injured worker reported therapy had really helped her. The injured worker reported the pain still radiated down her left arm to her hand, occasionally left arm numbness. The injured worker reported her arm was weak but her strength had improved with therapy. She really wanted to return to work and was very depressed that she could not find work for her. On physical examination of the left elbow there was mild pain to palpation over lateral epicondyle and extensor muscle group. The injured worker had full range of motion without pain and good strength. The injured worker had mild elbow pain with resisted elbow or wrist motion. The injured worker was able to make a fist with pain. The injured worker had a positive Finklestein's test. The injured worker had full range of motion with increased trapezius pain. The injured worker's treatment plan included refill, physical therapy, Functional Capacity Evaluation. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, medication management. The provider submitted a request for physical therapy. A Request for Authorization dated 05/08/2014 was submitted for physical therapy, overuse disorder of soft tissues of left upper arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for six (6) weeks to the Left Elbow/Forearm:**

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..

**Decision rationale:** The request for Physical Therapy two (2) times a week for six (6) weeks to the Left Elbow/Forearm is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the amount of physical therapy of the left elbow/forearm that has already been completed to include the efficacy. In addition, completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching and range of motion. Therefore, the request for physical therapy 2 times a week for 6 weeks to the left elbow/forearm is not medically necessary.