

<b>Case Number:</b>	CM14-0181056		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 65-year-old female with a date of injury on 03/13/2014. Medical records from 04/16/2014 noted that the injured worker developed complaints of bilateral hand, shoulder, neck, and back pain as a gradual injury secondary to repetitive heavy work activities of lifting, pushing, and pulling up and down with the hands. Documentation from 04/16/2014 indicated the diagnoses of cervical myalgia with radiculitis, bilateral shoulder internal derangement, lateral and medial epicondylitis bilaterally, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, and lumbar myalgia with radiculitis. Subjective findings from treating physician on 10/22/2014 was remarkable for pain to the wrists, shoulders, and lower back along with numbness and burning to the wrists and associated symptoms of feelings of depression and sadness. Physical examination from the same date was remarkable for tenderness to the bilateral shoulders at anterior joint and subacromial. The treating physician also noted swelling to the medial and lateral epicondyles at the bilateral elbows, and positive Tinel's sign at the bilateral elbows and wrists. Electrodiagnostic study to the cervical spine performed on 04/16/2014 was revealing for impaired conduction to the left greater occipital nerve, bilateral axillary nerve, and right ulnar nerve, and hyperconduction to the left posterior division of the cervical nerve and left suprascapular nerve. Medical records provided noted a request for magnetic resonance imaging, however records provided lacked documentation of results of this study. Prior treatments offered to the injured worker included physical therapy, psychiatric and psychological therapy, use of bilateral wrist braces, and a medication history of Motrin, Gabapentin, and transdermal medication. Physician progress notes

provided noted that prior physical therapy was helpful to the injured worker however there was no documentation of quantity, treatment plan, or results of prior physical therapy visits. The medical records provided lacked documentation of effectiveness of physical therapy with regards to functional improvement, improvement in work function, or in activities of daily living. The medical records provided also lacked documentation of effectiveness of medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Physician documentation from 10/22/2014 noted a disability status of totally incapacitated and the injured worker was to remain off of work. On 10/29/2014, Utilization Review non-certified the prescription for physical therapy two times a week times four weeks for the bilateral shoulders, bilateral elbows, and bilateral wrists. The prescription for physical therapy was noncertified based on California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Treatment Guidelines for Physical Medicine with the Utilization Review noting that the quantity of physical therapy sessions are more than what is recommended by the guidelines, along with a lack of documentation noting that the injured worker was unable to independently perform a self- directed physical therapy regimen, and a lack in documentation noting a response to other conservative treatment modalities in addition to the rehabilitative treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 2x4 for the Bilateral Shoulders, Bilateral Elbows, and Bilateral Wrists:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The request is for 8 more physical therapy visits for both shoulders, elbows and wrists. The patient already completed 8 physical therapy visits and there is no documented improvement. MTUS Chronic Pain allows up to a maximum of 10 physical therapy visits for the patient's condition and the additional 8 requested physical therapy visits would exceed the maximum allowed in the guideline. Also, by this point in time relative to the injury and the number of physical therapy visits completed, the patient should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy at this point relative to the date of injury is superior to a home exercise program.