

<b>Case Number:</b>	CM14-0198955		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow, wrist, hand, and upper extremity pain reportedly associated with an industrial injury of May 8, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; wrist splinting; work restrictions; and eventual return to regular duty work. In a Utilization Review Report dated November 4, 2014, the claims administrator failed to approve a request for six sessions of physical therapy. The claims administrator referenced a progress note of October 2, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated August 21, 2014, the applicant reported ongoing complaints of hand, wrist, elbow, and finger pain. Stated diagnoses included lumbago, elbow epicondylitis, lumbar radiculopathy, ulnar nerve entrapment, and/or wrist internal derangement. Various topical compounds, acupuncture, manipulative therapy, extracorporeal shockwave therapy, MRI imaging of multiple body parts, a TENS-EMS unit, and 12 sessions of physical therapy were endorsed while the applicant was kept off of work, on total temporary disability. In an acupuncture log dated October 31, 2014, it was stated that the applicant had had 28 sessions of acupuncture through that point in time. On October 2, 2014, the applicant was again placed off of work, on total temporary disability, while additional physical therapy, additional acupuncture, an orthopedic hand surgery consultation, electrodiagnostic testing, and a wrist brace were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left wrist, left elbow, and left hand, once weekly for six weeks:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions for treatment for myalgias and myositis of various body parts, the diagnoses reportedly present here, in this case, however, the applicant has had prior unspecified amounts of physical therapy over the course of the claim including 12 previous sessions of treatment ordered by the applicant's current primary treating provider on the visit immediately preceding the October 2, 2014 progress note on which the additional physical therapy at issue was sought. The applicant had, however, failed to demonstrate a favorable response to earlier treatment. The applicant remained off of work, on total temporary disability. The applicant remained dependent on other forms of medical treatment, including a wrist brace, topical compounds, acupuncture, extracorporeal shockwave therapy etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.