

<b>Case Number:</b>	CM14-0208370		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/05/2003
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Neurology, has a subspecialty in Pain 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 patient is a 55-year-old man who sustained a work related injury on April 5, 2003. Subsequently, he developed chronic elbow and low back pain. Prior treatments included: right ulnar nerve transportation (December 7, 2006), right shoulder arthroscopy followed by 12 sessions of physical therapy, lumbar physical therapy in 2009 and 2010, TENS unit (December 8, 2010), right carpal tunnel release followed by 8 sessions of post op therapy, and diagnostic and operative arthroscopy of right elbow followed by 8 post-op physical therapy session that ended on September 19, 2014. EMG/NCS of the right upper extremity performed on December 8, 2010 revealed mild left cubital tunnel. EMG/NCS of bilateral upper extremities performed on October 30, 2012 revealed chronic entrapment neuropathy across the right elbow. On March 11, 2013, the patient was approved for left carpal tunnel surgery; however, he did not move forward waiting for his right wrist to improve 100%. According to the progress report dated October 29, 2014, the patient noted increased pain of the right elbow. There is occasional numbness of the left hand. The patient was diagnosed with pain in joint, right tennis elbow, right shoulder sprain with possible internal derangement, and OA right elbow. The provider requested authorization for PT or DC 3x6 right elbow and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT or DC 3x6 right elbow and wrist: Upheld**

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

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

**Decision rationale:** According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). There is no documentation of objective findings that the patient condition needed physical therapy. The patient underwent several physical therapy sessions without documentation of clear benefit. The patient was previously authorized for at least 12 sessions of physical therapy. Therefore PT or DC 3x6 right elbow and wrist is not medically necessary.