

<b>Case Number:</b>	CM14-0218953		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: California

Certification(s)/Specialty: Internal Medicine

### 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 57 a year old male, who sustained an industrial injury on 9/10/2013. He reported neck pain that radiated to the upper and lower extremities and occurred with numbness and tingling and was diagnosed with cervical degenerative disc disease, chronic cervical 7 nerve root irritation, bilateral carpal tunnel and cubital syndrome, lumbar degenerative disc disease and right lumbar 5 chronic nerve root irritation. Treatment to date has included physical therapy, medications, injections, bracing and rest. On 8/18/2014, the injured worker underwent a right cubital and carpal tunnel release. Currently, the Injured Worker complains of right wrist and elbow pain and cervical and lumbar pain. The PR2 from 10/15/2014 noted continued complaints of pain and weakness. Notes indicated the prior physical therapy improved pain relief. X rays showed no disease progression and the diagnoses included carpal tunnel syndrome and pain in the upper arm joint. Treatment plan included continued physical therapy and a urine drug screen. On 12/4/2014, Utilization Review non-certified physical therapy, noting the lack of medical necessity. Urine drug screen was certified. MTUS guidelines were cited. On 12/30/2014, the injured worker submitted an application for IMR for review of 12 sessions physical therapy for the right elbow and urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks for the right elbow: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The primary treating physician's progress report dated 11/19/14 documented that the patient was currently in a physical therapy program. No functional improvement with physical therapy was documented. No physical examination was documented. The 11/19/14 progress report does not provide support for the request for additional physical therapy. Therefore, the request for physical therapy is not medically necessary.