

<b>Case Number:</b>	CM15-0103653		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 a 56 year old female, who sustained an industrial injury on September 18, 2014 while working as a waitress. The injured worker has been treated for upper extremity complaints. The diagnoses have included right elbow sprain/strain, right wrist sprain/strain, bilateral carpal tunnel syndrome and cubital tunnel syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, acupuncture treatments and a wrist brace. Current documentation dated April 9, 2015 notes that the injured worker reported left elbow pain and bilateral hand and wrist pain, rated a nine out of ten on the visual analogue scale. The injured worker also noted difficulty with grasping, holding and lifting. Examination revealed tenderness to palpation of the left elbow with evidence of an audible click with flexion and supination. Examination of the bilateral wrists revealed tenderness to palpation and a positive Tinel's sign bilaterally. A Tinel's sign was also positive at the left elbow. The treating physician's plan of care included a request for additional physical therapy for the right upper arm and right lower arm # 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right lower arm, right upper arm, twice a week for three weeks:**  
 Upheld

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

**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)" In this case, the patient did already receive 6 sessions of physical therapy without clear documentation of efficacy. There is no documentation as to why the patient cannot perform home exercise. Therefore, the request for 6 physical therapy sessions for the right lower arm, right upper arm is not medically necessary.