

<b>Case Number:</b>	CM15-0018222		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 57 year old female, who sustained an industrial injury on 9/3/14. She has reported back, upper extremity and head injury. The diagnoses have included contusion of lower back, pain in lower back, sprain/strain lumbar area, pain in shoulder joint, sprain/strain right shoulder, contusion right elbow, pain in right elbow and headache. Treatment to date has included oral medications, elastic bandage and activity restrictions. Currently, the injured worker complains of intermittent, sharp back, shoulder and elbow pain with headache. Physical exam noted tenderness of right trapezius muscle, deltoid muscle and upper extremity muscles. On 1/2/15 Utilization Review submitted modified certification for physical therapy 2 times a week for 6 weeks of lumbar spine, right shoulder and right elbow, modified to 2 times per week for 3 weeks, noting the certification is for an initial 6 sessions. The MTUS, ACOEM Guidelines and ODG were cited. On 1/23/15, the injured worker submitted an application for IMR for review of physical therapy 2 times a week for 6 weeks of lumbar spine, right shoulder and right elbow.

### 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 to The Lumbar Spine, Right Shoulder and Right Elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states: Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. ODG further quantifies physical therapy for the elbow with: ODG Physical Therapy Guidelines General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks Post-surgical treatment/ligament repair: 24 visits over 16 weeks. Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Medial epicondylitis/Golfers' elbow (ICD9 726.31): Medical treatment: 8 visits over 5 weeks Post-surgical treatment: 12 visits over 12 weeks. Enthesopathy of elbow region (ICD9 726.3): Medical treatment: 8 visits over 5 weeks Post-surgical treatment: 12 visits over 12 weeks. Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Medical treatment: 14 visits over 6 weeks Post-surgical treatment: 20 visits over 10 weeks. Olecranon bursitis (ICD9 726.33): Medical treatment: 8 visits over 4 weeks. Dislocation of elbow (ICD9 832): Stable dislocation: 6 visits over 2 weeks. Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks. Fracture of radius/ulna (ICD9 813): Post-surgical treatment: 16 visits over 8 weeks. Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks Post-surgical treatment: 24 visits over 14 weeks. Ill-defined fractures of upper limb (ICD9 818): 8 visits over 10 weeks. Arthropathy, unspecified (ICD9 716.9): Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks. Rupture of biceps tendon (ICD9 727.62): Post-surgical treatment: 24 visits over 16 weeks. California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The number of sessions requested are in excess of guideline recommendations of a 6 visit initial trial. As such, the request for Physical Therapy 2 Times A Week for 6 Weeks to The Lumbar Spine, Right Shoulder and Right Elbow is not medically necessary.