

<b>Case Number:</b>	CM15-0142927		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	04/05/2003
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male, who sustained an industrial injury on April 5, 2003. He reported an injury to his hands, palms, forearms and elbow. Treatment to date has included physical therapy, medications, anterior transposition of the ulnar nerve in the right upper extremity, work modifications, right shoulder anterior acromioplasty and decompression, and home exercise program. Currently, the injured worker complains of pain in the right elbow with changes in the weather. He reports cervical spine pain occasionally with radiation of pain into the shoulders. On physical examination, the injured worker has a positive Tinel's sign of the left hand and with atrophy. He has good range of motion of the right hand and has impingement of the right shoulder. He has tenderness to palpation over the subacromial bursa. The diagnoses associated with the request include right elbow osteoarthritis, bilateral cubital tunnel syndrome, right tennis elbow, and carpal tunnel syndrome, right shoulder sprain with possible internal derangement and lumbar MFS with bilateral sciatica. The treatment plan includes eighteen sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.99.

**Decision rationale:** This patient presents with pain in the right elbow and cervical spine. The current request is for Physical therapy 3 x 6 weeks. Treatment to date has included physical therapy, medications, anterior transposition of the ulnar nerve in the right upper extremity, work modifications, right shoulder anterior acromioplasty and decompression, and home exercise program. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 04/27/15, the patient reports increase in right elbow pain with the change in weather. The neck pain continues to radiate to the bilateral shoulders. Examination revealed positive Tinel's in the left hand and positive impingement in the right shoulder with tenderness in the subacromial bursa. Report 04/07/15 noted "back is doing about the same-increased pain in the back with weather changes. Pain radiates into hand." Under treatment plan, it states home exercises as directed. Physical therapy 3x a week for 6 weeks. Report 03/16/15 and 02/04/15 also request Physical therapy 3x a week for 6 weeks. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the treating physician has not provided any discussion as to why the patient would not be able to continue with the self-directed home exercise program. In addition, the request for 18 sessions exceeds what is recommended by MTUS. The requested physical therapy is not medically necessary.