

<b>Case Number:</b>	CM15-0162549		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old male, who sustained an industrial injury on March 29, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right shoulder internal derangement with osteoarthritis. Treatment to date has included wrist brace, diagnostic studies, respiratory therapy and medication. On July 21, 2015, the injured worker complained of right shoulder pain and stiffness. He also reported right and left elbow pain going down both arms to the wrists, hands and fingers. There was burning and numbness in both hands and fingers. Notes stated that medications were not working. The treatment plan included medications, bilateral wrist braces and physiotherapy. A request was made for physiotherapy for the right elbow and right wrist two times a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2xwk x 4wks right elbow/right wrist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Carpal Tunnel Syndrome (Acute & Chronic), physical therapy (4) Elbow (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in March 2012 and is being treated for right shoulder pain and stiffness and bilateral elbow pain with hand and finger numbness. He had right shoulder arthroscopic surgery in February 2014 followed by physical therapy. He was referred for physical therapy for the elbow and wrist in July 2014. Case notes reference 20 physical therapy treatments. When seen, medications were not working and he was having difficulty sleeping. There was decreased hand sensation and positive Tinel's testing at the elbow and wrists. There was Positive Phalen and Durkin testing bilaterally. There was elbow and wrist tenderness. Therapy was requested for the elbow and wrists. In terms of physical therapy for cubital tunnel syndrome, guidelines recommend up to 14 treatment sessions over 6 weeks and 1-3 treatment sessions over 3-5 weeks for carpal tunnel syndrome. However, the claimant is being treated for chronic pain with no new injury and has already had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended for the treatment of chronic pain or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.