

<b>Case Number:</b>	CM15-0181753		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 38 year old female who sustained an injury on 3-10-11 resulting from repetitive trauma to her right shoulder and arm. She was diagnosed with right wrist and right shoulder sprain and subsequently had an MRI of the right shoulder that showed a SLAP tear (no report included). The medical records reviewed indicate she has bilateral carpal tunnel syndrome with right tennis elbow and de Quervain's tenosynovitis; right shoulder bursitis. She continues to have pain in her right shoulder and right elbow with numbness and tingling in both hands. Treatment has included previous physical therapy (6) sessions for her right upper extremity were completed in May 2011; 10-10-13; and the records indicate physical therapy on 10-13-13 improved the neck but right elbow was more tender. Currently on 7-27-15 the progress report reveals she has right shoulder and right elbow pain with shooting pain to the right hand. Right elbow tenderness, swelling and deformity noted over the lateral joint lines; Tinel's sign was positive on the right with tenderness; spasm and swelling noted in the snuff box; range of motion was full but with pain and spasms. The treatment plan included authorization for physical therapy evaluation and treatment of right elbow three times a week for four weeks to restore flexibility, strength, endurance, function and range of motion and to alleviate discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4, right elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant has a history of a repetitive motion injury with date of injury in March 2011 while working as a [REDACTED] sales representative and continues to be treated for right shoulder and arm pain. Diagnoses include a labral tear and lateral epicondylitis. She had physical therapy in 2011 and again in 2013. When seen, she was having right shoulder and elbow pain with shooting pain into the right hand. Physical examination findings included decreased shoulder range of motion with positive impingement testing. There was shoulder tenderness with muscle spasms and swelling. There was right lateral elbow tenderness with swelling and deformity. She had left wrist tenderness with spasms and swelling with decreased strength and positive Finkelstein's testing. Authorization was requested for physical therapy for the right elbow. In terms of physical therapy for lateral epicondylitis, guidelines recommend up to 8 treatment sessions over 5 weeks and the claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to re-establish or revise the claimant's home exercise program. The request is not medically necessary.