MAXIMUS Federal Services

| Case Number: | CM15-0193642 | | |
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| Date Assigned: | 10/07/2015 | Date of Injury: | 05/01/2006 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

## 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 64 year old female, who sustained an industrial injury on May 01, 2006. The injured worker was diagnosed as having cervical and trapezial musculoligamentous sprain and strain, left shoulder impingement with periscapular strain, bilateral forearm and wrist flexor and extensor tendinitis with carpal tunnel syndrome, lumbar spine musculoligamentous sprain and strain, left knee internal derangement and patellofemoral arthralgia with arthroscopy performed August on 2011, and right knee patellofemoral arthralgia. Treatment and diagnostic studies to date has included above noted procedure, home exercise program, use of a brace, physical therapy, and electromyogram with nerve conduction velocity. In a progress note dated September 02, 2015 the treating physician reports complaints of sore, aching, frequent, intermittent, "moderate" pain to the bilateral wrists and bilateral forearms, with the right greater than the left. Examination performed on September 02, 2015 was revealing for tenderness on palpation to the bilateral forearms and wrists, positive bilateral Tinel's and Phalen's testing, decreased sensation to the bilateral median nerve distribution, and decreased range of motion to the bilateral forearm and wrists. The injured worker's pain level on September 02, 2015 was rated a 5 on a scale of 0 to 10. The Doctor's First Report performed on July 22, 2015 noted pain to the left shoulder, neck, low back, bilateral knees with the left greater than the right, and pain to the bilateral forearms, wrists, and hands. The Doctor's First Report performed on July 22, 2015 noted prior physical therapy of an unknown quantity that was noted to "provide some relief of the injured worker's symptoms", but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to physical therapy and after physical therapy to indicate the effects of the prior physical therapy sessions performed. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with the

prior physical therapy sessions. On September 02, 2015 the treating physician requested physical therapy to cervical spine, lumbar spine, left shoulder and bilateral wrist at two times a week for four weeks to increase activities of daily living, reduce work restrictions, reduce pain level, and reduce medication use. The treating physician also requested the dispensing of a right elbow band (E3), but the progress note did not indicate the specific reason for the requested equipment. On September 18, 2015, the Utilization Review determined the requests for physical therapy to cervical spine, lumbar spine, left shoulder and bilateral wrist at two times a week for four weeks and dispensed right elbow band (E3) to be non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to cervical spine, lumbar spine, left shoulder and bilateral wrist - two times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**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.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in May 2006. Diagnoses include bilateral carpal tunnel syndrome, and left shoulder and bilateral forearm tendinitis. When seen, she was having bilateral wrist and forearm pain with numbness and tingling on the right greater than left side. She had increased pain with gripping, grasping, pushing, pulling, and typing. Symptoms were decreased with rest and with a home exercise program. Pain was rated at 5/10. Physical examination findings included forearm and wrist flexor and extensor tenderness. Tinel's and Phalen's tests were positive. There was decreased range of motion. There was decreased median nerve distribution sensation bilaterally. Authorization was requested for eight sessions of physical therapy and a right elbow band was dispensed. The claimant is being treated for chronic pain with no new injury and is already performing a home exercise program. Ongoing compliance with a home exercise program would be expected. 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 or what might be needed to re-establish or revise the claimant's home exercise program. The request is not medically necessary.

**Dispensed right elbow bank (E3):** 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), Tennis elbow band.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in May 2006. Diagnoses include bilateral carpal tunnel syndrome, and left shoulder and bilateral forearm tendinitis. When seen, she was having bilateral wrist and forearm pain with numbness and tingling on the right greater than left side. She had increased pain with gripping, grasping, pushing, pulling, and typing. Symptoms were decreased with rest and with a home exercise program. Pain was rated at 5/10. Physical examination findings included forearm and wrist flexor and extensor tenderness. Tinel's and Phalen's tests were positive. There was decreased range of motion. There was decreased median nerve distribution sensation bilaterally. Authorization was requested for eight sessions of physical therapy and a right elbow band was dispensed. An elbow band is recommended for the treatment of epicondylitis. In this case, there are no physical examination findings recorded that support this diagnosis such as epicondyle tenderness or positive provocative testing for this condition. The request is not medically necessary.