

<b>Case Number:</b>	CM15-0197091		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/23/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 1-23-2015. A review of the medical records indicates that the injured worker is undergoing treatment for repetitive stress injury of the right forearm muscle strain, tendinitis of the right wrist, left medial epicondylitis, neck muscle strain, right trapezius strain, tendinitis of the right shoulder, right lateral epicondylitis, rule out carpal tunnel syndrome and rule out thoracic outlet syndrome. On 8-14-2015, the injured worker reported pain in the right upper extremity and right shoulder. The Primary Treating Physician's report dated 8-14-2015, noted the injured worker's pain severe most of the time, sleep mildly disturbed, and the pain interferes with her ability to engage in recreational and social activities. The injured worker was noted to have mild to moderate depression or anxiety resulting from her injury and discomfort. The physical examination was noted to show pain over the right trapezius, bilateral positive Adson's maneuver, and Tinel's positive on the right side. Prior treatments have included physical therapy, Ibuprofen, Nabumetone, Vicodin, Cyclobenzaprine, splinting, and a home exercise program (HEP). The treatment plan was noted to include an electromyography (EMG) of the upper extremities in order to better work up her condition and twelve sessions of physical therapy. The injured worker's work status was noted to be working at a lot slower pace. The documentation provided did not include physical therapy progress notes or documentation of the frequency or injured worker's response to previous treatments. The request for authorization dated 8-28-2015, requested an EMG/NCV bilateral upper extremities and 12 sessions of physical therapy, upper extremities. The Utilization Review (UR) dated 9-4-2015, certified the request for an

EMG/NCV bilateral upper extremities and non-certified the request for 12 sessions of physical therapy, upper extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 sessions of physical therapy, upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions of physical therapy upper extremities is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are rule out carpal tunnel syndrome and rule out lower thoracic outlet syndrome. Date of injury is January 23, 2015. Request authorization is August 28, 2015. According to the occupational medicine progress note documentation, the injured worker received digital therapy and the injured worker made progress (date June 25, 2015). According to an August 14, 2015 initial evaluation, subjective complaints include right upper extremity and shoulder pain increased with movement. There are no left upper extremity symptoms. Objectively, physical examination is entirely unremarkable. There is no tenderness and range of motion is full. There is no physical examination of the left upper extremity. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement with prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with prior physical therapy, no compelling clinical facts indicating additional physical therapy is clinically indicated and an unremarkable physical examination of the right upper extremity, 12 sessions physical therapy upper extremities is not medically necessary.