

<b>Case Number:</b>	CM15-0202470		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/21/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: California, Hawaii  
 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 43 year old female, who sustained an industrial injury on 1-21-15. The injured worker has complaints of right shoulder, left shoulder, right upper arm, left upper arm, right elbow, left elbow, right forearm, left forearm, right wrist, left wrist, right hand, left hand, right thumb, left thumb, right hand finger and left hand finger pain. The pain is moderate with a rating of 8 out of 10. Bilateral wrist examination revealed a symmetrical bilateral dorsal prominence of the ulna, which suggests relative supination of the wrist at the radiocarpal joint. Wrist range of motion is normal and sensation is normal in the cutaneous innervation of the hand. Bilateral elbow examination revealed left elbow lateral epicondyles nontender. The extensor carpi radialis brevis muscle belly is tender some 3 centimeter distal to the epicondyle and pain was increased with resisted wrist and long finger extension. Right elbow has tenderness in the extensor carpi radialis brevis muscle approximately 1 to 1 and a half-centimeter distal to the lateral epicondyle. The documentation noted that there is mild crepitus but not as notable as on the left side. Pain with resisted wrist and long finger extension and neither side has findings to suggest radial tunnel syndrome. Bilateral wrists X-rays revealed the presence of metal lungs deformity. The diagnoses have included dislocation radiocarpal, closed bilateral and lateral epicondylitis bilateral. Treatment to date has included ibuprofen not beneficial and diclofenac. The documentation noted that the injured worker in 2004 was diagnosed with tendonitis and went to physical therapy that helped a little. The original utilization review (10-14-15) non-certified the request for physical therapy 2 times 6 to the left elbow.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy 2x6 to the left elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Disorders.

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

**Decision rationale:** The patient presents with pain affecting the left elbow. The current request is for Physical therapy 2x6 to the left elbow. The requesting treating physician report was not found in the documents provided for review. The sole medical report provided dated 5/26/15 (4B) notes that the patient received physical therapy 11 years ago that provided partial relief. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy for the left elbow. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.