

<b>Case Number:</b>	CM15-0203039		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/29/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/01/2015
<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 44 year old female, who sustained an industrial injury on 4-29-2015. The injured worker is being treated for nausea, left arm parasthesia, tendinitis left biceps tendon, left lateral epicondylitis and left shoulder joint pain. Treatment to date has included occupational therapy, TENS, medications and physical therapy (6 sessions for the left upper extremity). Per the Primary Treating Physician's Progress Report dated 9-11-2015, the injured worker presented for a return visit regarding left arm pain. She reported left shoulder and elbow pain with numbness in her left hand that is getting worse and now involves all fingers except her thumb. Objective findings included a positive wrist compression and Phalen test. Per the medical records dated 7-31-2015 she had completed 5 out of 6 sessions of occupational therapy at Fresno Hand Therapy. She reports that therapy has been helpful. Per the records dated 7-31-2015 to 9-11-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or objective or subjective decrease in pain level attributed to prior physical therapy. The Work status was return to full duty with no limitations or restrictions. The plan of care included diagnostics and medications. Authorization was requested for an additional 6 visits of physical therapy. On 10-01-2015, Utilization Review non-certified the request for an additional 6 visits of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy; additional six visits:** 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 rationale:** The patient presents with pain affecting the left shoulder, hand and elbow. The current request is for Physical therapy; additional six visits. The treating physician report dated 9/11/15 (30B) states, "She has completed 7/12 sessions of therapy." 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 at least 7 sessions of physical therapy for the left extremity previously. The patient's status is not post-surgical. In this case, the patient has received at least 7 visits of physical therapy to date and therefore the current request of an additional 6 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. Additionally, the patient was recently authorized for 5 additional sessions of PT on 9/3/15 and there was no discussion provided as to why the patient cannot establish a home exercise program. The current request is not medically necessary.