

<b>Case Number:</b>	CM15-0023677		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44-year-old female, who sustained an industrial injury on 9/25/13. She has reported pain in the bilateral wrists and elbows related to repetitive movements. The diagnoses have included status post bilateral cubital tunnel release in 2014, carpal tunnel syndrome, and epicondylitis. Treatment to date has included physical therapy, chiropractic treatment, x-rays, and oral medication. As of the PR2 dated 12/3/14, the injured worker reports decreased strength and limited range of motion in the bilateral wrists. She also indicated pain and swelling in the elbows. The treating physician requested an additional physical therapy x 10 sessions to the bilateral elbows/forearms. On 2/2/15 Utilization Review non-certified a request for an additional physical therapy x 10 sessions to the bilateral elbows/forearms. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/9/15, the injured worker submitted an application for IMR for review of an additional physical therapy x 10 sessions to the bilateral elbows/forearms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, bilateral elbows/forearms QTY:10.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26, Pages 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Patient stated that the previous therapy was ineffective. Additional physical therapy of the bilateral elbows/forearms QTY: 10.00 are not medically necessary.