

<b>Case Number:</b>	CM15-0215928		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 August 15, 2010. The worker is being treated for: neck, left shoulder and back pain status post injury; chronic pain syndrome, depression, bilateral ulnar neuropathy. Subjective: July 22, 2015 she reported complaint of constant neck pain, frequent headaches, bilateral radiating arm pain and numbness, bilateral shoulder pain and bilateral hand pain. She reports "that inactivity makes her symptoms worse." She tries to utilize a stationary bike and treadmill to exercise. There is noted popping in both shoulders, elbows and swelling to both hands and wrists. She has numbness over the left lateral elbow for which surgery is recommended, but she was deferring it at that time. The physical examination of the bilateral elbow and wrist revealed painful ROM and positive Tinel sign at left elbow. Diagnostic: MRI of bilateral shoulders and cervical spine; EMG NCV testing of bilateral upper extremities. Medications included Trazadone, Clonazepam, and Tylenol. Other medication list included Norco, Percocet, Soma, Xanax; Treatment: activity modification, orthopedic consultation, total of three CESI's as well as Cortisone injections to bilateral shoulders, which helped decrease symptoms; returned to work setting December 2010; medications, LESI and bilateral shoulder injection 2012 denied, lumbar interbody fusion treating acute onset of incontinence and parasthesias from the waist down, pain management consultation pending authorization, and August 11, 2015 a request was made for PT 12 sessions treating symptoms. On August 11, 2015 a request was made for 12 physical therapy sessions for the left elbow, outpatient that was noncertified by Utilization Review on August 19, 2015. The patient sustained the injury due to lifting. The patient had received an unspecified number of PT

visits for this injury. The patient had MRI of the right shoulder on 10/2/14 that revealed supraspinatus tendinosis; MRI of the cervical spine on 10/2/14 that revealed disc protrusions and foraminal stenosis; EMG of upper extremity revealed ulnar radiculopathy at the elbow. The patient had received cervical and lumbar ESI and a cortisone injection in the shoulder.

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

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

**Physical therapy for the cervical spine, quantity: 6 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy.

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

**Decision rationale:** Request: Physical therapy 2 times a week for 6 weeks (12) for the left elbow as outpatient. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy 2 times a week for 6 weeks (12) for the left elbow as outpatient is not medically necessary for this patient.