

<b>Case Number:</b>	CM15-0035028		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 49 year old female who sustained an industrial injury on 11/29/2012. Diagnoses include distal biceps muscular tenderness strain and distal biceps tendinosis. Treatment to date has included medications, injections, hot and cold application, work modifications, home exercise program, and physical therapy. A physician progress note dated 01/16/2015 documents the injured worker has had over two years of chronic left forearm and biceps pain. She is in her 4th month after undergoing platelet rich plasma injection and she feels better, and her pain is describes as a 2 out of 10 in intensity and is a dull pain. She still feels weak but denies having any range of motion restrictions or numbness or tingling. On examination there is mild reproduction of pain along the distal biceps muscle belly. There are no palpable masses or gaps detected in this region. There is full range of motion and elbow joint stability. Treatment requested is Physical therapy, 1-2 times a week for 6 weeks, for the left arm, QTY: 6-12. On 01/30/2015 Utilization Review non-certified the request for Physical therapy, 1-2 times a week for 6 weeks, for the left arm, QTY: 6-12 and cited was MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 1-2 times a week for 6 weeks, for the left arm, QTY: 6-12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Physical/Occupational therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

**Decision rationale:** The patient presents with left arm pain. The current request is for physical therapy 1-2 x week x 6 weeks, left arm, qty. 6-12. The treating physician states that previous physical therapy sessions were very helpful. The MTUS guidelines 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 already completed at least 21/24 physical therapy sessions. In this case, the treating physician is requesting additional physical therapy to accomplish creating a home exercise program. As stated in the guidelines, a home exercise program should have already been addressed in the physical therapy sessions already attended, and according to the records provided was already addressed and patient has been performing home exercises. Medical necessity of physical therapy in excess of recommended guidelines has not been established. The current request has not established medically necessity.