

<b>Case Number:</b>	CM15-0046940		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/10/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: 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 62 year old female, who sustained an industrial injury on December 10, 2014. She has reported right wrist and forearm pain. Diagnoses have included sprain of the right elbow/forearm. Treatment to date has included medications, home stretching, and splinting. A progress note dated January 20, 2015 indicates a chief complaint of right wrist pain. The treating physician documented a plan of care that included medications, orthopedic referral, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 2 weeks for the right elbow/forearm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** The 62 year old patient presents with moderately severe pain in the right wrist, as per progress report dated 02/24/15. The request is for Physical Therapy 3 Times a Week

for 2 Weeks for Right Elbow/Forearm. The RFA for the case is dated 01/20/15, and the patient's date of injury is 12/10/14. Diagnoses, as per progress report dated 02/24/15, included sprain/strain of right wrist/hand. The pain is rated at 8/10 in progress report dated 01/20/15, and the patient is working with restrictions, as per progress report dated 02/24/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has completed six sessions of PT, as per progress report dated 01/20/15. The treating physician is requesting for additional therapy for "provocation of pain with functional mobility ROM and decreased pain with treatment." However, the progress reports do not document the efficacy of prior therapy. Additionally, MTUS recommends only 8-10 sessions in non-operative cases. Hence, the request for six additional sessions is excessive and is not medically necessary.