

<b>Case Number:</b>	CM15-0088489		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 48-year-old female, who sustained an industrial injury on 10/4/12. She reported initial complaints of right upper extremity elbow/wrist. The injured worker was diagnosed as having neck sprain; cervical musculoligamentous strain/sprain with radiculitis; thoracic musculoligamentous strain/sprain; bilateral shoulder sprain/strain; bilateral shoulder impingement syndrome; right wrist/hand sprain/strain; right elbow lateral epicondylitis. Treatment to date has included TENS unit; right elbow wrist/hand splint; occupational therapy; acupuncture; physical therapy; Extracorporeal Shockwave Therapy; medications. Diagnostics included MRI right elbow (1/10/13); EMG/NCV right upper extremity (1/11/13); x-ray left elbow (4/15/13); cervical spine MRI (2/3/15). Currently, the PR-2 notes dated 3/30/15 indicated the injured worker complains of pain in neck, mid/upper back, bilateral shoulders, and bilateral elbows. She complains of pain and numbness in the right wrist. The pain scale for neck pain is rated at 2/10, mid/upper back pain is 4/10, right shoulder pain 4/10, left shoulder is 1/10 and bilateral elbows 6/10, and right wrist 2/10. It is noted she is asymptomatic regarding her left wrist since last visit. Objective findings documented include cervical spine - grade 3-4 tenderness on palpation over the paraspinal muscles with restricted range of motion and cervical compression test is positive with trigger points noted. The thoracic spine is grade 3 tenderness to palpation with spasms and restricted range of motion and trigger points noted. Bilateral shoulder and bilateral elbow exam notes grade 2 tenderness to palpation with bilateral wrists at grade 2-3. The injured worker states treatment has helped as well as decreases pain and tenderness along with increases her daily function and activities. There is no documentation regarding the number

of physical therapy sessions and there is no documentation of transition to a home exercise program. Diagnostic studies are noted in other PR-2 notes indicated a MRI right elbow on 1/10/13 revealed moderate to moderately severe lateral epicondylitis with focal interstitial edema and thickening without evidence of tear. Mild synovitis without loose bodies seen and injured worker declined surgery. A MRI cervical spine dated 2/3/15 impression of no evidence of spinal stenosis. An EMG/NCV right upper extremity dated 1/11/13 impression normal NCS without evidence of entrapment neuropathy noted at any level in the right upper extremity. Normal EMG without evidence of active radiculopathy in the right upper extremity. Another EMG/NCV was conducted on 2/25/15 of the upper extremities with no evidence-based findings. There was also noted Left elbow x-ray unremarkable on 4/15/13. The provider has requested additional physical therapy 2 times a week for 6 weeks.

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

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

**Physical therapy 2 times a week for 6 weeks cervical, thoracic, bilateral shoulder, bilateral elbow, bilateral wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 6 weeks is not medically necessary and appropriate.