

<b>Case Number:</b>	CM15-0096537		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Internal 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 46 year old male, who sustained an industrial injury on 6/18/2014. Diagnoses include lumbar spondylosis without myelopathy, sciatica, carpal tunnel syndrome, tendinitis/bursitis of the hands/wrists, bursitis and tendinitis of the right shoulder and lateral epicondylitis of the right elbow. Treatment to date has included medications, physical therapy (10 sessions), and diagnostics including electrodiagnostic testing and magnetic resonance imaging (MRI). Per the Primary Treating Physician's Progress Report dated 4/09/2015, the injured worker reported pain in the right shoulder, right elbow, bilateral wrists and hands, and lumbar spine. Physical examination of the wrists and hands revealed +3 spasm and tenderness to the bilateral anterior wrists and posterior extensor tendons. Bracelet and Phalen's tests were positive bilaterally. Elbow examination revealed +3 tenderness to the right lateral epicondyle with a positive Cozen's test on the right. The plan of care included additional physical therapy and authorization was requested for physical therapy for the bilateral wrists and right elbows.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine with therapeutic activities for the bilateral wrists and right elbow, three times a week for two weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment, ODG Preface Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The primary treating physician's progress report dated 4/9/15 documented the diagnoses of lumbar spondylosis, sciatica, carpal tunnel syndrome, median nerve entrapment at wrists, tendinitis and bursitis of the hands and wrists, bursitis and tendinitis of the right shoulder, and lateral epicondylitis of the right elbow. Decreased visual analog scale rating was documented. The patient has completed 10 sessions since the last request for physical medicine. Functional improvement since the last examination has been shown. A program of physical medicine for 6 additional visits based on the functional improvement was requested. The request for 6 additional visits of physical medicine (3x2) are supported by documented functional improvement. Therefore, the request for physical medicine is medically necessary.