

<b>Case Number:</b>	CM14-0132189		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Pain Medicine and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old female who reported an injury on 12/04/2013. The injured worker reportedly felt a pop in the left upper extremity when she lifted a child. Previous conservative treatment was noted to include medication management and physical therapy. The injured worker was evaluated on 05/28/2014 with complaints of persistent pain in the cervical spine, left shoulder, left elbow, and left wrist. The current medication regimen includes Motrin and Tylenol. The physical examination revealed no acute distress, tenderness to palpation at the left occiput and trapezius, normal cervical range of motion, tenderness to palpation of the left AC joint and subacromial space, limited left shoulder range of motion, positive Neer's and Hawkins testing, post Jobe's testing, palpable tenderness over the left medial and lateral epicondyle, normal range of motion of the left elbow, positive Cozen's and Tinel's testing at the left elbow, tenderness to palpation at the triangulofibrocartilage complex in the left wrist, slightly limited range of motion of the left wrist, positive Tinel's and Phalen's testing, positive Finklestein's testing, positive grind testing, slightly diminished sensation to pinprick and light touch along the median and ulnar nerve distribution in the left upper extremity, and diminished motor strength in the left upper extremity. The treatment recommendations at that time included a continuation of the current medication regimen, a TENS unit, acupuncture, shockwave therapy, a functional capacity evaluation, an internal medicine referral, an orthopedic surgeon referral, and electrodiagnostic studies of the upper extremities. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xwk x4wks Neck, Left shoulder, Elbow, and wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Neck & Upper Back Physical Therapy, Official Disability Guideline (ODG) Elbow, Forearm, wrist & hand, Physical/Occupational Therapy

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the injured worker has been previously treated with physical therapy. However, there was no documentation of objective functional improvement. The injured worker demonstrated normal range of motion of the cervical spine and left elbow upon physical examination. Based on the clinical information received and the MTUS guidelines, the request is not medically necessary.