

<b>Case Number:</b>	CM14-0211860		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Pennsylvania, Ohio, 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 underlying date of injury in this case is 07/31/2013. The date of the utilization review under appeal is 12/09/2014. The primary diagnosis is ulnar nerve lesion. The patient was seen in primary treating physician followup on 12/02/2014. At that time, the patient was noted to have received an electric shock to the right upper extremity with acute spasm of the low back and both legs as well as right elbow cubital tunnel syndrome, right thumb paresthesia, left elbow sprain/strain, and left shoulder sprain/strain. The patient was noted to have slightly decreased range of motion in the affected areas as well as tenderness particularly in the left elbow over the medial epicondyle and weak grip at 4/5 and decreased sensation in the ulnar aspect of the right hand. The treating physician recommended additional physical therapy 2 times a week for 6 weeks to the right elbow in order to transition to a home exercise program as well as for the cervicospinal left shoulder to increase function and decrease pain. The patient was noted to have recently completed 12/12 physical therapy sessions which decreased his pain slightly and increased his range of motion. An initial physician review modified the request for 12 additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional physical therapy 2x a week for 6 weeks for the left shoulder as an outpatient:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends to allow for fading of treatment frequency and transition to active, independent, self-directed home rehabilitation. The treatment guidelines anticipate that this patient would have transitioned to an independent home rehabilitation program by now. A rationale for extensive additional physical therapy specifically with the goal of teaching a home exercise program at this time rather than previously is not apparent and would not be supported by the treatment guidelines. This request is not medically necessary.