

<b>Case Number:</b>	CM15-0120899		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 56-year-old female who sustained an industrial injury on 05/01/2012. She reported a repetitive motion injury. The injured worker was diagnosed as having brachial neuritis of radiculitis not otherwise specified; cervicala, and sciatica. Treatment to date has included two lower back epidurals. MRI (12/17/2014) shows multilevel disc herniations and anterolisthesis. Currently, the injured worker complains of neck pain, with neck pain that travels to the bilateral arms. She complains of pain in the right wrist, bilateral elbows and left shoulder. The left shoulder, arm ant neck also has numbness and tingling. She also complains of bilateral arm weakness. Examination of the cervical spine reveals tenderness over both trapezius and levator muscles with hypertonicity. There is asymmetrical lost range of motion with cervical spine flexion of 50, extension of 40, right rotation of 40 and left rotation of 60. Nerve conduction studies (03/05/2015) found mild right median nerve entrapment neuropathy and mild to moderate entrapment neuropathy at the wrist consistent with mild right carpal tunnel and mild to moderate left carpal tunnel. There is no electrodiagnostic evidence of ulnar neuropathy at the elbows. The treatment plan includes physical therapy and elbow braces. A request for authorization is made for the following: 1. Physical Therapy for the Left Elbow 2x6 and 2. Physical Therapy for Right Elbow 2x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Left Elbow 2x6: 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): 98-99.

**Decision rationale:** Physical therapy for the left elbow 2x6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. The documentation indicates that the patient has had prior PT for this condition. The patient should be versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.

**Physical Therapy for Right Elbow 2x6: 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): 98-99.

**Decision rationale:** Physical therapy for the right elbow 2x6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. The documentation indicates that the patient has had prior PT for this condition. The patient should be versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.