

<b>Case Number:</b>	CM15-0170430		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59-year-old female who sustained an industrial injury on November 29, 2013. She was employed as a medical assistant in a clinic. The accident was described as exposed to cumulative trauma over the course of employment with resulting injury. A primary treating office visit dated July 28, 2015 reported subjective complaint of neck, right shoulder, and elbow pains. She states having cancelled physical therapy session on July 22, 2015 and re-scheduled to start August 03, 2015. She states taking Tylenol and trazadone. She is prescribed modified work duty; however, none is available. Objective assessment showed cervical tenderness to palpation of the trapezius muscle with trigger points in the right upper trapezius; range of motion is noted fair. There is noted right elbow medial tenderness and a positive Tinel's sign at bilateral wrists. The impression noted chronic myofascial pain syndrome that had been treated with physical therapy, acupuncture, activity modification and medications. She is also found with right cubital tunnel syndrome and carpal tunnel syndrome. She was diagnosed with myofascial pain syndrome, and right ulnar nerve entrapment at elbow. The plan of care noted referred for consultation addressing severe right C3-4 foraminal stenosis; continue with physical therapy; continue with both Tylenol and Desyrel. The first report of illness dated May 26, 2015 reported subjective complaint of neck and right upper limb pains. There is no change in the treating diagnoses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for bilateral upper limb #8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in November 2013 as the result of a cumulative trauma. In June 2015, physical therapy was recommended with up to six treatments over four weeks for the treatment of myofascial pain and right ulnar neuropathy. On 07/15/15, she was attending the second treatment session. She was diligent with performing a home exercise program. When seen, there was cervical and trapezius muscle tenderness with right upper trapezius trigger points. There was fear cervical range of motion. Tinel's testing at the right elbow was positive. Additional physical therapy is being requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant had not completed the initial six-visit trial, and, after the second treatment was already performing a home exercise program. Additional therapy prior to a formal re-evaluation after the initial course of treatment is not medically necessary.