

<b>Case Number:</b>	CM15-0178657		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 54 year old female with a date of injury on 11-18-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder strain, right elbow lateral epicondylitis, right wrist intersection syndrome, carpal tunnel syndrome and hand pain. According to the progress report dated 7-23-2015, the injured worker complained of right shoulder, elbow and wrist pain. She complained of right hand numbness and tingling which woke her up at night. Per the treating physician (7-23-2015), the employee was temporarily totally disabled. The physical exam (7-23-2015) revealed tenderness anteriorly of the right shoulder with full range of motion. Impingement sign was positive. There was tenderness over the right elbow lateral epicondyle with full range of motion. There was tenderness over the right forearm-wrists with full range of motion. There was mild swelling of the right hand with tenderness to palpation and decreased range of motion of the fingers. Treatment has included at least 12 sessions of physical therapy, corticosteroid injection and medications. The injured worker underwent right carpal tunnel release surgery on 7-17-2015. The request for authorization dated 7-23-2015 was for physical therapist two treatments per week for three weeks. The original Utilization Review (UR) (8-10-2015) denied a request for physical therapy twice a week for three weeks for the right upper extremity, hand, wrist, arm and shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions physical therapy to right upper extremity, hand, wrist, arm, and shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (Acute & Chronic); Elbow (Acute & Chronic); Forearm, Wrist, & Hand (Acute & Chronic) Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The claimant was injured in 2013 with a right shoulder strain, right elbow lateral epicondylitis, right wrist intersection syndrome, carpal tunnel syndrome and hand pain. As of July, there was still right shoulder, elbow and wrist pain. Treatment has included at least 12 sessions of physical therapy, corticosteroid injection and medications. The injured worker underwent right carpal tunnel release surgery on 7-17-2015. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient." Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. "A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization." This request for more skilled, monitored therapy is not medically necessary.