

<b>Case Number:</b>	CM15-0094907		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	12/17/2002
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 51-year-old male, who sustained an industrial injury on 12/17/2002. Diagnoses have included lumbar spine disc protrusion, status post laminectomy with radiculitis, right shoulder impingement syndrome, right lateral epicondylitis, right wrist tendinitis and right piriformis muscle pain. Treatment to date has included physical therapy and medication. According to the progress report dated 4/9/2015, the injured worker complained of pain in the lower back, right shoulder, bilateral wrists and bilateral hands. Low back pain was rated 7/10. The pain radiated to the right hip and piriformis muscle and up to the paraspinals of the thoracic spine. Right shoulder pain was rated 5/10. Bilateral wrist and hand pain was rated 4/10. Exam of the right elbow revealed decreased range of motion and tenderness. Exam of the right wrist revealed slightly decreased range of motion with tenderness over the ulnar aspect. There was 1+ swelling at the lateral aspect of the epicondyle. Exam of the lumbar spine revealed decreased range of motion and tenderness to palpation. Straight leg test was positive on the right. Authorization was requested for physical therapy for the right elbow, right piriformis and right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the right elbow, right wrist and right piriformis, twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** According to the guidelines, most conditions of strains and musculoskeletal disorders allow for 8-10 visits of therapy with future visits to be performed at home. In this case, there was no indication that the therapy cannot be completed at home. The claimant had completed over 30 sessions of prior therapy. An additional 8 sessions exceeds the guideline recommendations and is not medically necessary.