

<b>Case Number:</b>	CM15-0096458		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/21/2015
<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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 46-year-old female, who sustained an industrial injury on 12/4/12. The injured worker has complaints of neck, bilateral elbows and bilateral hand pain. The documentation noted that the cervical spine has spasm about the bilateral trapezial region, more on the right. The elbows have point tenderness upon palpation about the medial and lateral epicondylar areas bilaterally. The documentation noted that there is swelling in the bilateral hands and weakness was noted throughout motion. The diagnoses have included disc bulge, cervical spine, multilevel with bilateral C8 radiculopathy; medial and lateral epicondylitis, bilateral elbows, with ulnar nerve irritation; strain/sprain bilateral hands with carpal tunnel syndrome and extensor tendinitis, right hand with trigger finger, 2nd and 3rd fingers, right hand. Treatment to date has included physical therapy; anaprox for inflammation and swelling; flexeril for spasm; protonix for relief of stomach upset and ultram for pain. The request was for physical therapy three times for the bilateral elbows and hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 for the bilateral elbows: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the bilateral elbows is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are disc bulge cervical spine multilevel with bilateral C8 radiculopathy; medial and lateral epicondylitis bilateral elbows with ulnar nerve irritation; strain/sprain bilateral hands with carpal tunnel syndrome; extensor tendinitis right hand would trigger finger second and third fingers right hand. Documentation from an April 10, 2015 progress note shows the treating provider requested physical therapy to include ultrasound, massage and therapeutic exercises to the bilateral elbows and hands. The documentation shows the injured worker received eight sessions of physical therapy. The injured worker received the recommended number of physical therapy sessions according to the guidelines. The guidelines do not support passive physical modalities such as massage, ultrasound, etc. Consequently, absent guideline recommendations for passive physical modalities and compelling clinical facts to support additional physical therapy, physical therapy three times per week times four weeks to the bilateral elbows is not medically necessary.

**Physical Therapy 3x4 for the bilateral hands: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the bilateral hands is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the

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