

<b>Case Number:</b>	CM15-0099637		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	09/13/2002
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 is a 45 year old female, who sustained an industrial injury on September 13, 2002. The injured worker was diagnosed as having bilateral epicondylitis and forearm and wrist tendonitis. Treatment to date has included magnetic resonance imaging (MRI), electromyogram, nerve conduction study, Transcutaneous Electrical Nerve Stimulation (TENS), physical therapy and medication. A qualified medical exam dated April 18, 2005, provides the injured worker complains of intermittent hand pain reported to be significantly improved. She also reports elbow pain. Physical exam notes no cervical or trapezius tenderness and that she moves her neck freely with full range of motion (ROM). There is mild tenderness along the right lateral epicondyle and dorsum of the right wrist. Prior magnetic resonance imaging (MRI) is noted to be "insignificant" and electromyogram is normal. There is a request for physical therapy of the neck and right arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 for the right arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** Physical therapy 2x4 for the right arm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior right arm PT sessions the patient has had and why she is unable to perform an independent home exercise program. Without clarification of this information the request for physical therapy for the right arm is not medically necessary.