

<b>Case Number:</b>	CM14-0140482		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 31-year-old female who has submitted a claim for right elbow epicondylitis, right wrist de Quervain's, and neurapraxia superficial radial nerve associated with an industrial injury date of 01/22/2013. Medical records from 02/26/2014 to 06/24/014 were reviewed and showed that patient complained of right wrist pain graded 6-8/10. Physical examination of the right elbow revealed tenderness over lateral epicondyle otherwise normal exam. Physical examination of the right wrist revealed positive Finkelstein's test and hypesthesia along thenar eminence. X-ray of the right wrist dated 03/21/2013 was unremarkable. MRI of the right elbow dated 03/25/2014 revealed degenerative change and subchondral cyst formation in the capitellum. MRI of the right wrist dated 03/25/2014 revealed mild degenerative change of the 1st carpometacarpal joint, ulnar styloid, and triscaphoid articulation, small ganglion cyst along dorsal aspect of scapholunate articulation, and mild TFCC degeneration without tear. Treatment to date has included heating pad and unspecified visits of physical therapy. Of note, there was no objective documentation of functional outcome from previous physical therapy visits. Utilization review dated 01/07/2014 denied the request for Physical Therapy or OT 3 x 6 weeks because there was no medical rationale provided as to why the patient cannot transition to HEP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the Right Elbow and Wrist 3x week for 6 weeks for a total of 18 visits:**  
Upheld

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

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

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient already completed unspecified visits of physical therapy. However, there was no objective documentation of functional outcome from previous physical therapy visits. It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for Physical Therapy to the Right Elbow and Wrist 3x week for 6 weeks for a total of 18 visits is not medically necessary.