

<b>Case Number:</b>	CM13-0029196		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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.

### 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 49-year-old male who reported an injury on 06/04/2013. The patient is diagnosed with chronic left elbow strain, chronic recurrent right wrist pain, and slow functional recovery. The patient was seen by [REDACTED] on 09/05/2013. The patient reported a chief complaint of right wrist and forearm pain. Physical examination revealed tenderness to deep palpation over the distal left biceps tendon area, full elbow flexion demonstrated bilaterally, pain with resisted left forearm supination, right ulnar wrist and triangular fibrocartilage complex (TFCC) tenderness, normal range of motion of bilateral hands, and intact sensation. Treatment recommendations included an MRI and resumption of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left elbow and right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42-43, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Elbow Chapter, Magnetic Resonance Imaging

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that the criteria for ordering imaging studies include the emergence of a red flag, or failure to progress in a rehabilitation program. For most patients presenting with elbow problems, special studies are not needed

unless a period of at least 4 to 6 weeks of conservative care and observation fails to improve symptoms. For most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. As per the clinical notes submitted, there was no evidence of a significant musculoskeletal or neurological deficit with regard to the elbow, or bilateral hands that would warrant the need for an imaging study. The patient demonstrated only tenderness to palpation. There is no evidence of significant wrist trauma, nor evidence of distal radial fracture. Additionally, there is no evidence of a failure to respond to at least 4 to 6 weeks of conservative care. Based on the clinical information received, the request is non-certified.

**Additional physical therapy two (2) times a week for three (3) weeks for the left elbow and right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Elbow Chapter, Physical Therapy

**Decision rationale:** The Chronic Pain Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines state medical treatment for a sprain and strain of the elbow and pain in a joint includes nine (9) visits over eight (8) weeks. The patient has previously participated in physical therapy. The patient was certified for 18 sessions of occupational therapy to date. The current request, in addition to the 18 sessions, exceeds guideline recommendations for a total duration of treatment. Documentation of a significant musculoskeletal or neurological deficit was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.