

<b>Case Number:</b>	CM13-0033631		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Orthopedic Surgery, and is licensed to practice in California. 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:

This is a 44-year-old female with a 6/22/09 date of injury. The mechanism of injury was not described. The patient was seen on 9/12/13 with complaints of pain and swelling in the right wrist. Exam findings revealed negative Tinel's sign and elbow flexion tests at the cubital tunnels, and negative Tinel's and Phalen's tests at the carpal tunnels bilaterally. There was a mild swelling and tenderness over the radial aspect of the right wrist without the evidence of mass and diminished grip strength. The patient underwent 16 sessions of physical therapy for the right hand, and she stated that the pain and swelling improved with therapy. The diagnosis is right medial and lateral epicondylitis, right shoulder impingement, status post right pronator tunnel release, and status post excision of volar wrist ganglion cyst with FCR tenosynovectomy. Treatment to date has been pronator syndrome release as of 2010, right volar wrist ganglion cyst excision with tenosynovectomy as of 2013, electric stimulation, joint mobilization, heat/cold patches, 16 physical therapy sessions for the right hand, work restrictions, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF OCCUPATIONAL THERAPY FOR THE ELBOW/FOREARM (2 X PER WEEK X 6 WEEKS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114.

**Decision rationale:** The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient is status post right volar wrist ganglion cyst excision with 16 postoperative physical therapy sessions in 2013. There is an RFA dated 8/8/13 requesting additional physical therapy to the right wrist; however, it is unclear why the patient is not yet independent in a home exercise program. In addition, the request is for an unspecified side of the body. The patient does have a diagnosis of epicondylitis; however, there is a lack of documentation with regard to prior conservative therapies, physical exam findings, and a rationale as to why the patient requires physical therapy to the elbow and forearm (please note the request for forearm does not include the wrist and hand by medical definition). Therefore, the request is not medically necessary.