

<b>Case Number:</b>	CM13-0034909		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Occupational Medicine 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:

The patient is a 50 year old male who was injured on 12/20/2011. He began to have progressive left wrist pains while stacking diesel tires. The patient underwent left wrist ulnar styloid fragment removal on 07/06/2012 and ulnar shortening on 11/01/2012. Diagnostic studies reviewed include MR arthrogram of the left wrist dated 02/13/2012 which shows an ulna plus variant. There appears to be a tear of the lunotriquetral ligament and there is no other significant abnormality seen. Fluoroscopically-guided left wrist injection for MRI scan dated 02/13/2012 was successful for MRI scan. Clinic note dated 02/10/2014 states the patient presents with complaints of significant pain in both his right shoulder and left arm, more notably his forearm/elbow then wrist over the rest of his arm. He has significant left forearm and distal elbow pains. The surgery significantly helped his left wrist pains. He still has decreased range of motion of his wrist from his left wrist surgery. He cannot hold anything more than a pound or two in his left hand. He will eventually drop it and has too much pain in his proximal forearm. He is not able to do any lifting greater than 5 lbs. He gets deep elbow throbbing pains and aching shoulder pains. He gets burning pains all along where his plate is inserted in his forearm, but no burning pains distal or proximal. He has difficulty with gripping with his left hand due to the pain in his forearm. On physical exam, the left side is moderately swollen on the elbow distal to the olecranon and on the medial aspect of the elbow. He is markedly tender below the olecranon along his plate from surgery where the swelling is, as well as in the medial epicondyle. Tinel's sign is positive on the left. He has very painful range of motion of the left elbow. There is a scar from the ulnar styloid up the ulnar aspect of the forearm that is 12 cm long. There is no tenderness along the radial aspect. The elbow range of motion exhibits extension to 175 degrees on the left; supination to 45 degrees on the left and pronation to 85 degrees on the left. On evaluation of the wrists, the left side, he has mild swelling of the wrist diffusely and into the

hand. There is no dysesthesias of the wrist or hand. There is mild tenderness around the ulnar styloid. There is no tenderness of the wrist joint. The wrist range of motion on the left exhibits flexion to 15 degrees; extension to 30 degrees; ulnar deviation to 10 degrees; and radial deviation to 10 degrees. There is positive Tinel's of the left wrist causing numbness towards the thumb as well as pain up towards his shoulder. The forearm limb circumferences on the left measures 27 cm; Deep tendon reflexes are 2+ bilaterally. Diagnoses are left wrist pain with ulnar variants status post loose body removal 07/06/2012 with continued persistent wrist pain status post ulnar shortening on 11/01/2012; and possible ulnar neuropathy left upper limb. Initial evaluation note dated 05/23/2013 reports the patient complains of severe left hand, wrist, elbow, and forearm and shoulder pain. Physical therapy 3 times a week for 6 weeks with treatment has been recommended for this patient.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PHYSICAL THERAPY 3 TIMES A WEEK TIMES 6 WEEKS FOR THE LEFT ELBOW AND WRIST:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, "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. Myalgia and myositis, unspecified, 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. In this case, the patient already had at least 18 physical therapy visits authorized. Physical therapy notes fail to document any significant improvement in pain or function. The patient had difficulty tolerating physical therapy treatments. Further, the requested number of visits is in excess of guideline recommendations, and surgical hardware removal is being contemplated to address the patient's ongoing pain and dysfunction. Therefore, the request for physical therapy three times a week for six weeks for the left elbow and wrist is not medically necessary and appropriate.