

<b>Case Number:</b>	CM13-0068493		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/27/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical 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:

Prior treatment history has included physical therapy. The patient underwent left lateral epicondyle debridement including partial ostectomy; left lateral epicondyle denervation; left radial tunnel decompression; left de Quervain's reconstruction with release, decompression of EPB and APL tendon slips; displacement EPB tendon slip, and closure of compartment over APL tendon slips on 06/26/2013. The physical therapy note dated 11/01/2013 reports the patient presents for his 20th session of physical therapy. He is making progress as expected. He is making moderate progress towards goals with regard to driving, grasping, and reaching. AROM left elbow flexion is 100% achieved; AROM left elbow extension is 90% achieved; AROM left wrist flexion is not addressed at this visit. AROM left elbow extension is not addressed at this visit; AROM left elbow supination is not addressed at this visit. He is making moderate progress towards goal with AROM left tip to DPC. The progress note dated 12/18/2013 states the patient reports his arm is getting stronger. He has returned to full duty work and is able to tolerate that. He reports he was referred for a re-evaluation of his foot and this re-evaluation was denied. On exam, the upper extremities incisions are healed. There is no swelling. There is very mild tenderness at the left lateral elbow/proximal dorsal forearm. He has full range of motion and an intact neurovascular exam. Diagnoses are left DeQuervain tendinitis; left radial tunnel syndrome and left lateral epicondylitis. The patient is 6 months from surgery. He has been able to tolerate full duty work. The progress note dated 11/20/2013 indicates the patient notes some tightness in the left elbow, but pain level is now fairly mild. The left wrist feels fine. He does report that he had an injury to his left foot at the same time. He has had some significant flare of the left foot pain. On exam, the left lateral elbow/proximal forearm incision is healed. There is no swelling but there is mild tenderness at the proximal incision site. The left radial wrist incision is healed with no swelling. There is no tenderness and he has full range of motion. Diagnoses are left

DeQuervain tendinitis; left radial tunnel syndrome and left lateral epicondylitis. The patient is 5 months from surgery. He is now able to return to full duty work with regard to his left upper extremity. He is referred back to therapy for a new course of therapy to work primarily on strengthening. He will return to full duty work. With regard to his left foot, he will have this evaluated by the occupational foot medicine physician with possible referral to orthopedic surgeon.

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

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

#### **ADDITIONAL PHYSICAL THERAPY LEFT WRIST X 6 VISITS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

**Decision rationale:** According to the CA MTUS guidelines, post surgical treatment of Radial styloid tenosynovitis (de Quervain's) is recommended as 14 visits over 12 weeks and the postsurgical physical medicine treatment period: 6 months. The medical records document the patient diagnosed with left de Quervain's tendinitis, left radial tunnel syndrome, and left lateral epicondylitis. The patient underwent surgical intervention in the left elbow and wrist which was dated 6/26/2013. The patient had received 20 sessions of PT postoperatively. The last PT note which was dated 11/12/2013 revealed that left wrist joint was included in the treatment. In the absence of documented clear assessment of wrist joint, and as the patient has already received more than 14 sessions as post operative treatment, the request is not medically necessary according to the guidelines.

#### **PODIATRY/OCCUPATIONAL MEDICINE CONSULTATION LEFT FOOT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 503-505.

**Decision rationale:** According to the CA MTUS guidelines, medical consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The medical records document the patient had flare up of left foot pain that got injury in 5/27/2013. In the absence of

documented subjective complaints, objective findings and diagnostic studies, the request is not medically necessary according to the guidelines.