

<b>Case Number:</b>	CM13-0068563		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/20/2013
<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 Rehabilitation 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:

According to the records made available for review, this is a 35-year-old female with a 9/12/11 date of injury, and status post right cubital tunnel release 6/3/13. At the time (11/20/13) of request for authorization for continued physical therapy, 2 times per week for 5 weeks for the right elbow and right wrist/hand, there is documentation of subjective (pain at scar, right elbow; and weakness right hand strength) and objective (tender at medial elbow scar with keloid, and weakness in grip, right hand) findings, current diagnosis (repetitive strain injury, right upper extremity), and treatment to date (medications, activity modification, and physical therapy). 11/15/13 RFA identifies a request for physical therapy to right elbow (to desensitize scar) and right wrist/hand (to strengthen) 2x6 weeks. The number of physical therapy visits completed to date cannot be determined. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSICAL THERAPY, 2 TIMES PER WEEK FOR 5 WEEKS FOR THE RIGHT ELBOW AND RIGHT WRIST/HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Section Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Section, Postsurgical Treatment Guidelines Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Section.

**Decision rationale:** The Postsurgical Treatment Guidelines identifies up to 20 visits of post-operative physical therapy over 3 months and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of the wrist/hand not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of repetitive strain injury, right upper extremity. In addition, there is documentation of status post right cubital tunnel release on 6/3/13. Furthermore, there is documentation of functional deficits, functional goals, and previous physical therapy treatments. However, there is no documentation of the number of physical therapy visits completed to date. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy, 2 times per week for 5 weeks for the right elbow and right wrist/hand is not medically necessary.