

<b>Case Number:</b>	CM14-0003197		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	06/18/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 62-year-old male who has submitted a claim for lateral epicondylitis, and radial tunnel syndrome; associated from an industrial injury date of 04/13/2012. Medical records from 05/15/2012 to 01/16/2014 were reviewed showing that patient complained of stabbing right shoulder, elbow, and wrist pain, graded 7-9/10. Physical examination showed tenderness over the lateral epicondyle and radial tunnel with pain and resisted wrist extension, middle finger extension, and forearm supination. There was limited range of motion due to pain. Treatment to date has included Nabumetone, Dendracin lotion, Etodolac, Hydrocodone/APAP, Oxycodone, Gabapentin, Terocin patch, Methoderm cream, steroid injections, and right lateral epicondylar debridement and radial tunnel decompression (August 2012). Utilization review from 01/03/2014 denied the request for Additional Hand Therapy, 2 x weeks for 6 weeks due to lack of documentation regarding the date of the surgery, total number of post-operative physical therapy sessions completed, and functional benefits of current medical treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL HAND THERAPY, 2 X WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guide.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ,9792.20 - 9792.26 Page(s): 99.

**Decision rationale:** As stated on page 99 of Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. In this case, the patient underwent right lateral epicondylar debridement and radial tunnel decompression on August 2012. A progress report dated 05/30/2013 stated that the patient has completed his physical therapy sessions. Patient was status quo until 12/12/2013 when he experienced flare-up of symptoms. Physical examination revealed tenderness and pain upon resisted motion of the wrist. However, there were no other objective findings cited that may support patient's complaint. Furthermore, there was no documentation concerning current activity limitations associated with the recent pain exacerbation. There is likewise no indicated functional goal that the patient should achieve upon his re-enrollment to the program. The medical necessity has not been established. Therefore, the request for Additional Hand Therapy, 2 x week for 6 weeks, is not medically necessary.