

<b>Case Number:</b>	CM14-0104784		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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:

The patient is a 31 year old female with date of injury 1/22/13. The patient was pushing a cart at work when a wheel came off the cart, causing the cart to fall on the patient's forearm. According to the utilization review report the treating physician report dated 5/21/14 indicates that the patient presents with pain affecting right wrist and elbow. This report was not included in the medical records provided. Current physical examination findings reveal cramping in the wrist and forearm, which causes more pain and is worse with activities. Objective findings are unchanged from previous with no acute changes. Patient has undergone x-rays of the right humerus, wrist, hand, forearm and elbow as well as MRI of the right elbow, right hand and right wrist. The patient has undergone physical therapy. The patient has been authorized for right tennis elbow release but declines. The patient remains off work. The current diagnoses are: 1.Right elbow epicondylitis2.Right wrist De Quervain's tenosynovitisThe utilization review report dated 6/13/14 denied the request for occupational or physical therapy visits to the right elbow, three times per week for 6 weeks, 18 visits based on the rationale that the guideline recommendations allow for up to 10 physical therapy visits for exacerbation of chronic pain. The current request for 18 sessions far exceeds the guideline recommendations. Patient has already been authorized for 12 physical therapy visits without evidence of significant improvement in pain or function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational or Physical Therapy Visits to the Right Elbow, three times per week for 6 weeks, 16 visits.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Physical Medicine, pages 98-99.

**Decision rationale:** This is a 31 year old female who presents with right wrist and elbow pain. The current request is for physical therapy three times a week for 6 weeks, 18 visits. The MTUS Guidelines state that passive therapy can provide short-term relief during the early phases of treatment. The 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. The guidelines allow for 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis, unspecified. The patient has undergone physical therapy without significant improvement. At the time of the current request the patient's injury is one year and four months old. There has been no new information to suggest further physical therapy outside the guidelines would be beneficial. The patient has been approved for right tennis elbow and release and has declined. The requested Physical Therapy three times a week for 6 weeks, 18 sessions is not medically necessary.

