

<b>Case Number:</b>	CM14-0119370		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Preventative 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:

According to the records made available for review, this is a 54-year-old female with a 6/6/12 date of injury, and open carpal tunnel release with neuroplasty on 7/1/13. At the time (6/12/14) of request for authorization for physical therapy 12 sessions 3 x week x 4 weeks, there is documentation of subjective findings: fatigue and weakness in her arms, pain in medial and lateral elbows, numbness into the hands, pain and stiffness at the wrist, pain in first dorsal compartments. The objective findings are: right elbow with direct palpation as well as with resisted wrist pain at medial and lateral epicondyles, right hand with positive Durkins, positive Tinel's, left elbow with direct palpation as well as with resisted wrist there is pain at the lateral epicondyle, left wrist with positive Durkins, positive Tinel's, and positive Finkelstein's findings. The current diagnoses are: bilateral lateral epicondylitis, bilateral medial epicondylitis, bilateral de Quervain's tenosynovitis, bilateral carpal tunnel syndrome. The treatment to date is: physical therapy, injections and medications (including Vicodin and Theramine). The number of previous physical therapy sessions cannot be determined. 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 provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions 3x week x 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow and Forearm, Wrist, and Hand; Physical Therapy (PT).

**Decision rationale:** The California 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. 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. ODG recommends a limited course of physical therapy for patients with a diagnosis of lateral/medial epicondylitis not to exceed 8 visits over 5 weeks; and de Quervain's not to exceed 12 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 diagnoses of bilateral lateral epicondylitis, bilateral medial epicondylitis, bilateral de Quervain's tenosynovitis, bilateral carpal tunnel syndrome. In addition, there is documentation of previous physical therapy treatments. Furthermore, there is documentation of functional deficits and functional goals. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. 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 provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 12 sessions 3 x weeks x 4 weeks is not medically necessary.