

<b>Case Number:</b>	CM14-0159449		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 claimant was injured on 07/26/11. Physical therapy for 12 visits for the right elbow and right wrist are under review. She has persistent pain and is status post right wrist arthroscopic surgery and synovectomy several months ago. She reported pain to her index finger and thumb. Her elbow was nontender and the incision had healed. Range of motion was full. Right wrist exam revealed only mild dorsal tenderness. She had intact sensibility of the hands. She had some continued stiffness of the right wrist and more PT was ordered. She was found to be permanent and stationary in March 2012. She had right elbow surgery in January 2014. She had right wrist surgery in September 2013. She had limited and painful range of motion of the elbow and the wrist. She reported that her elbow was not aligned. She underwent ganglion cyst removal from the wrist on 01/15/14 and DeQuervain's release on 09/25/13. She had tenderness to the right lateral epicondyle. Elbow and wrist range of motion were mildly decreased. She had good strength. 6 additional sessions of PT were recommended. She had capsulitis in the right wrist that may not improve. On 06/20/14, she was evaluated for a postop visit. As of 07/25/14, she remained symptomatic. She saw the surgeon. There was no physical examination on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy 3 x 4 of the right elbow:** 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): 130.

**Decision rationale:** The history and documentation do not objectively support the request for an additional 12 sessions of physiotherapy for the right elbow. The MTUS recommend physical medicine treatment for some chronic conditions and state "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical Medicine 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." In this case, the claimant's previous course of postop treatment in PT is unknown, including whether or not she received any sustainable benefit. It is not clear why more PT was ordered instead of proceeding with an independent self-directed home exercise program. The medical necessity of this request for physical therapy for 12 additional visits for the right elbow has not been clearly demonstrated. Therefore, the request is not medically necessary.

**Continued physical therapy 3 x 4 for the right wrist:** 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): 130.

**Decision rationale:** The history and documentation do not objectively support the request for an additional 12 sessions of physiotherapy for the right wrist. The MTUS recommend physical medicine treatment for some chronic conditions and state "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical Medicine 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." In this case, the claimant's previous course of postop treatment in PT is unknown, including whether or not she received any sustainable benefit. It is not clear why more PT was ordered instead of proceeding with an independent self-directed home exercise program. The provider has stated that he does not think the capsulitis in her wrist is likely to improve with therapy. The medical necessity of this request for additional physical therapy for 12 additional visits for the right wrist has not been clearly demonstrated. Therefore, the request is not medically necessary.