

<b>Case Number:</b>	CM14-0177149		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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, has a subspecialty in Interventional Spine 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 47 year old female with an injury date of 11/11/13. Based on the progress report dated 05/28/14 provided by [REDACTED] the patient complains of right wrist pain. Physical examination reveals right wrist flexion, wrist extension PIP and DIPs strength is 3 minus out of 5. Per progress report dated 05/07/14, the patient reports majority of the pain on the volar and dorsal aspects of the wrists with the pain radiating up in sharp shooting manner to her elbow. She experiences burning and sharp sensations through her digits and forearm with movement. A PR-2 report dated 10/02/14 provided by [REDACTED] was mentioned in the utilization review denial letter dated 10/16/14 (this report was not found separately). It stated that the patient was wearing a brace and reported pain in the outer area of the wrist during gripping. Progress report dated 05/28/14 states that patient received six sessions of acupuncture and benefited from it. She is also receiving medications to manage her pain. The utilization review denial letter dated 10/16/14 states that the patient received 12 physical therapy sessions and reported significant improvement from them (There was no independent report or progress report suggesting this detail). MRI of the Right Wrist, mentioned in progress report dated 05/28/14, Triangular Fibrocartilage Complex Tear, Secondary Tenosynovitis, Lateral and Medial, Epicondylitis of the Right Upper Extremities. Diagnosis, 05/28/14, Tenosynovitis of Wrist, Sprain and Strain, Unspecified Site Elbow, Wrist and Forearm. [REDACTED] is requesting for Physical Therapy 2 X 6 for the right wrist, right elbow, Latepicondylitis. The utilization review determination being challenged is dated 10/16/2014. The rationale was "it is not apparent in the records what the rationale or goals are for continuing with supervised rather than independent rehabilitation." Treatment reports were provided from 04/10/14 - 05/28/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 for the right wrist, right elbow, latepicondylitis:** Upheld

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

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

**Decision rationale:** This patient presents pain in the right wrist. The request is for PHYSICAL THERAPY 2 X 6 FOR THE RIGHT WRIST. RIGHT ELBOW, LATEPICONDYELITIS. The patient's diagnosis dated 05/28/14 included tenosynovitis of wrist, and sprain and strain. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed."The patient has received 12 sessions of physical therapy which led to significant improvement in pain. The treater has asked for additional 12 sessions of therapy but does not provide a rationale as to why additional therapy is needed. The patient is not post-operative and for wrist/elbow strains/sprains, MTUS recommends up to 10 sessions. The request for additional 12 sessions exceeds what is allowed by MTUS. Recommendation is for denial.