

<b>Case Number:</b>	CM14-0021095		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 46 year old with an injury date of 5/17/10. Based on the 12/27/13 progress report, the diagnoses are tendinitis and lateral epicondylitis. Exam of the elbow on 12/27/13 showed 0.5/4 tenderness about right lateral epicondyle region. Range of motion of the right elbow was flexion at 135/135 degrees, extension at 0/0 degrees, and pronation at 90/90. Range of motion of the right wrist was flexion at 60, extension at 70, ulnar deviation at 35, and radial deviation at 25. There was grip loss in the right upper extremity. Pin prick of the upper extremity revealed hypoesthesia median distribution right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSIOTHERAPY/THERAPEUTIC EXERCISE 2 X 4 FOR THE RIGHT WRIST AND ELBOW:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

**Decision rationale:** This patient presents with pain in the right elbow, especially the epicondyle lateral aspect, the right forearm, the base of the right thumb, and the dorsal aspect of the right hand/wrist. The patient is status post right wrist surgery from 11/12/12 for first dorsal compartment release. On the 11/18/13 report, the patient states that wrist pain has persisted since original injury, and the right wrist is so weak that activities of daily living are difficult; surgery didn't help. The 12/27/13 report reveals that wrist pain has been spiking in last 48-72 hours. Review of the 12/30/13 report shows that the patient is receiving benefit from right wrist physical therapy, but the number of sessions is not specified. The MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Although patient has received prior physical therapy, the patient had a recent flare-up of right wrist pain, and prior physiotherapy has proven effective. The requested 8 sessions of physical therapy is within MTUS guidelines for patient's condition. As such, the request is medically necessary.