

<b>Case Number:</b>	CM14-0033946		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/21/2006
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 & 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 injured worker is a 51-year-old female who reported an injury on 12/21/2006. The mechanism of injury was not provided for clinical review. The diagnoses included elbow pain, entrapment neuropathy of the upper limb, and carpal tunnel syndrome. Previous treatments include medication, carpal tunnel release surgery, EMG/NCV, physical therapy, and epidural steroid injections. Within the clinical note dated 01/03/2014, it was reported the injured worker complained of extremity pain, right elbow pain, right wrist and right hand pain. She described the pain as tingling over the right wrist and hand, numbness over the right wrist and hand. Upon the physical examination, the right elbow, the provider noted, the elbow joint revealed swelling and the provider indicated there was no limitation in flexion, or extension. The injured worker had tenderness to palpation over the lateral epicondyle and olecranon process. The injured worker had a positive Tinel's sign. The injured worker had tenderness to palpation over both volar wrists, mild swelling noted in the right wrist. The injured worker had decreased sensation over the ring finger, little finger, and medial hand, lateral hand on the right side. The provider indicated sensation to pinprick was decreased over the ring finger, little finger, and medial hand, lateral hand on the right side. The request submitted was for physical therapy, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the right elbow and wrist for 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

**Decision rationale:** The request for lumbar epidural steroid injection L5-S1 is not medically necessary. The California MTUS/ACOEM address invasive techniques. The injured worker complained of right upper extremity pain, right elbow pain, right wrist pain, and right hand pain. She noted tingling over the right wrist and right hand, numbness over the right wrist and right hand. California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia or myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. There is a lack of documentation including the amount of physical therapy visits the injured worker has utilized. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased strength or flexibility. Therefore, the request is not medically necessary.