

<b>Case Number:</b>	CM14-0037599		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Physical Medicine and 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 33-year-old female who reported an injury on 08/11/2005. The mechanism of injury was not provided for the clinical review. The diagnoses included hand pain and elbow pain. Within the clinical note dated 02/28/2014 it was reported the injured worker complained of right wrist pain. His treatments included an MRI (magnetic resonance imaging), electromyography (EMG)/NCV (nerve conduction velocity), medications and physical therapy. Upon the physical examination of the right elbow, the provider noted tenderness to palpation over the lateral epicondyle area. The injured worker had a negative Tinel's sign. Upon examination of the right wrist, the provider noted swelling to the ulnar styloid process, more prominent on the right than the left, as well as tenderness to palpation over the ulnar side. The provider requested six (6) additional physical therapy sessions to evaluate and treat the right wrist, hand and elbow. The injured worker has undergone eight (8) sessions of physical therapy to date. The Request for Authorization was submitted and dated on 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) physical therapy visits for right hand, wrist and elbow: Upheld**

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

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

**Decision rationale:** The request for six (6) physical therapy visits for the right hand, wrist and elbow is non-certified. The injured worker complained of right wrist pain. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion. The MTUS guidelines allow for a fading of treatment and frequency plus active, self-directed home physical medicine. The MTUS guidelines note that for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. In this case, there is a lack of documentation indicating the efficacy of the injured worker's 8 previous sessions of physical therapy. The provider failed to document a complete and adequate physical examination demonstrating that the injured worker had decreased functional ability, decreased range of motion and decreased flexibility. The request for 6 additional physical therapy visits exceeds the MTUS guidelines recommendations of 8 to 10 visits. Therefore, the request is non-certified.