

<b>Case Number:</b>	CM14-0040040		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 48 year-old female. The patient's date of injury is 4/13/2010. The mechanism of injury is not described in the clinical records given. The patient has been diagnosed with lateral epicondylitis, pain in forearm/joint, and other joint derangement. The patient's treatments have included surgical intervention, physical therapy, imaging studies, and medications. The patient has had 41 therapy visits for the right hand, wrist and elbow. The physical exam findings dated 2/10/2014 shows she is slightly swollen on the ulnar side of right forearm. She does have moderate tenderness at that level. The patient's medications have included, but are not limited to, Voltaren, Prilosec, and Menthoderm. The request is for additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy two (2) times six (6) for right wrist and right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Forearm, Wrist and Hand Procedure Summary last updated 02/18/2014

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional physical therapy. The clinical documents state that the patient has completed 41 therapy sessions. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy is not indicated as a medical necessity to the patient at this time, as it exceeds the recommended amount of visits.