

<b>Case Number:</b>	CM14-0147448		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old, female patient, who sustained an industrial injury on 07/09/2013. An initial orthopedic consultation report dated 08/26/2014, reported subjective complaint of constant left wrist pain associated with numbness and tingling and rated a 6 out of 10 in intensity. She states having intermittent left elbow pain that radiated into the lower forearm and rated a 5 out of 10 in intensity. She also noted having constant left arm pain that radiates into the arm and is associated with numbness and tingling. Prescribed medications include: Cabergoline, Naproxen, Gabapentin, Albuteral Inhaler, Tylenol, Tramadol, Estradil patch and stomach medication. Physical examination found a well-healed scar over the right lateral epicondyle. There is a well-healed dorsal scar on the left wrist and a healed right carpal tunnel release incision. Phalen's and Durkin's median compression tests with positive findings on the left. Radiography study noted performed. The following diagnoses are applied: rule out left carpal tunnel release, status post left dorsal wrist ganglion excision with radiographic evidence of recurrent ganglion cysts, and status post right carpal tunnel release, and left epicondyle release. She does have and utilizes braces. Prior diagnostics noted undergoing electrodiagnostic study. Follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy (Bilateral Wrists/Elbows) 2 X 6 Weeks: 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:** The patient presents with constant left wrist pain (6/10), intermittent left elbow pain that radiated into the lower forearm (5/10) and constant left arm pain that radiates into the arm and is associated with numbness and tingling. The request is for PHYSIOTHERAPY (BILATERAL WRISTS/ELBOWS) 2X6 WEEKS. The RFA provided is dated 08/22/14 and the date of injury is 07/09/13. The diagnoses include carpal tunnel release, status post left dorsal wrist ganglion excision with radiographic evidence of recurrent ganglion cysts, and status post right carpal tunnel release, and left epicondyle release. Per 08/22/14 report, physical examination found a well-healed scar over the right lateral epicondyle. There is a well-healed dorsal scar on the left wrist and a healed right carpal tunnel release incision. Phalen's and Durkin's median compression tests with positive findings on the left. The patient utilizes braces. Current medications include Cabergoline, Naproxen, Gabapentin, albuterol inhaler, Tylenol, Tramadol, estradiol patch and stomach medication, per 08/26/14 report. The patient remains off work. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not provide reason for the request. A short course of occupational therapy would be indicated by guidelines given patient's symptoms. It is unknown how many prior sessions the patient has completed. Provided medical reports include 5 sessions of occupational therapy. Furthermore, the request for 12 additional sessions of occupational therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.