

<b>Case Number:</b>	CM14-0188481		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 47 year old female with a date of injury of 11/11/2013. A box fell from 3 - 4 feet on her right hand. She had right elbow lateral epicondylitis and a right wrist triangular fibrocartilage tear. Physical therapy was ordered on 11/11/2013. On 11/14/2013 she had physical therapy. On 12/04/2013 x-ray of her right shoulder was normal. MRI of the right wrist on 12/16/2013 revealed a triangular fibrocartilage tear. A right shoulder MRI on 12/16/2013 revealed a superior labral tear, SLAP. There was a partial tear of the infraspinatus. On 03/13/2014 she was wearing a right wrist brace. On 04/10/2014 she started acupuncture treatment. On 05/07/2014 she had completed a course of physical therapy. On 05/28/2014 she had right wrist pain and decreased motor strength right elbow flexion, right wrist flexion and extension, and right grip strength at 3-/5. She was to have 12 additional visits of acupuncture. On 06/25/2014 it was noted that she had additional (in addition to the right elbow, right wrist) right shoulder pain and was developing possible complex regional pain syndrome. On 07/03/2014, 12 physical therapy visits were approved. On 07/24/2014 it was noted that she was comfortable doing a home exercise program and she continued with physical therapy. On 08/20/2014 she had right wrist, right ankle, right shoulder and right elbow pain and decreased range of motion. The pain was 7/10. On 08/27/2014 she completed 11 of the 12 physical therapy visits. On 09/09/2014 she had a right stellate ganglion block for a listed diagnosis of complex regional pain syndrome. On 10/02/2014 she reported pain in the outer area of the right wrist when gripping objects. She was wearing a brace. She attended physical therapy and had been trained in a home exercise program. The listed diagnosis is right lateral epicondylitis and right wrist strain. There was a request for 12 additional physical therapy visits. On 11/05/2014 she had pain of the ulnar aspect of the right arm. Motor strength was grossly normal except for right elbow flexion, right wrist

extension, right wrist flexion. She had normal sensation except for a decreased light touch sensation in the right median nerve distribution.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 x 6 to the right wrist, right elbow lateral epicondylitis:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, wrist/hand physical therapy

**Decision rationale:** Both MTUS and ODG limit the maximum number of physical therapy visits to 8 to 10 visits. There is no objective documentation of complex regional pain syndrome since she had MRI evidence of a tear in the wrist MRI, She had a MRI lesion on the right shoulder MRI and there was ankle pain that was not consistent with right upper extremity complex regional pain syndrome. She had an initial course of physical therapy in 11/2013 and then another 12 visits in 2014. The requested additional 12 visits of physical therapy is not consistent with MTUS or ODG even if she had complex regional pain syndrome which allows for a maximum of 24 physical therapy visits because she had at least 6 physical therapy visits starting in 11/2013 and then 12 physical therapy visits in 2014 and then an additional 12 physical therapy visits would exceed the maximum allowed physical therapy visits. The request is not medically necessary.