

<b>Case Number:</b>	CM14-0206271		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 46 year old male with an injury date of 02/01/11. Based on the 10/31/14 progress report provided by treating physician, the patient complains of pain (not rated) and reduced range of motion to the right elbow. Patient is status post right carpal tunnel release on 11/09/12, right radial tunnel release with debridement of the lateral epicondyle on 06/11/14. Physical examination 10/31/14 revealed focal tenderness to palpation to right lateral epicondylar region and tenderness over the triceps tendon. Range of motion was decreased, especially on flexion. Patient has completed 21 sessions of physical therapy. Patient's medications include Nabumetone and Vybrid. Diagnosis 10/31/14, 10/23/14, 9/25/14- Carpal tunnel syndrome (Right arm)- Lateral epicondylitis (Right arm)- Ulnar nerve lesion (Right arm)- Laxity of ligament, scapholunate (Right arm)The utilization review determination being challenged is dated 11/11/14. The rationale is "the patient has already completed 21 postoperative physical therapy sessions... medical records do not establish continued significant deficits which would warrant additional formal therapy. At this juncture the patient should be able to transition to an independent home exercise program". Treatment reports were provided from 04/11/14 to 10/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy for the right hand 12 visits (2x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The patient presents with pain (not rated) and limited range of motion to the right elbow. The request is for hand therapy for the right hand 12 visits (2x6). Patient is status post right carpal tunnel release on 11/09/12, right radial tunnel release with debridement of the lateral epicondyle on 06/11/14. Physical examination 10/31/14 revealed focal tenderness to palpation to right lateral epicondylar region and tenderness over the triceps tendon. Range of motion was decreased, especially on flexion. Patient has completed 21 sessions of physical therapy. Patient's medications include Nabumetone and Vybrid. MTUS pages 98, 99 have 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." Per utilization review letter dated 11/11/14, patient already had 21 post-op physical therapy visits. The patient is not currently under post-operative time-frame. Provider does not explain why therapy is being requested other than for subjective pain. There is no discussion of flare-up's, new injury or new symptoms warranting additional treatment. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. This request is not medically necessary.