

<b>Case Number:</b>	CM15-0005780		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 54 year old male, who sustained an industrial injury on December 3, 2013. He has reported an injury to the right upper extremity while pushing a garbage bin. The diagnoses have included right lateral epicondylitis, radial tunnel. Treatment to date has included anti-inflammatory medication, durable medical equipment, injection and six therapy sessions. Currently, the injured worker complains of right lateral epicondylitis and radial tunnel syndrome. The injured worker reported decreased tenderness over the lateral epicondyle and radial tunnel but continued to have pain with resisted wrist extension, middle finger extension and forearm supination. He has had full active and passive range of motion. The evaluating physician recommended hand therapy. On December 5, 2014 Utilization Review non-certified a right hand therapy, noting the requested treatment exceeded the guidelines number of therapy visits. The Official Disability Guidelines was cited. On January 12, 2015, the injured worker submitted an application for IMR for review of right hand therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hand Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

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

**Decision rationale:** This patient presents with right lateral epicondylitis and radial tunnel syndrome. The treater is requesting RIGHT HAND THERAPY. The RFA dated 09/16/2014 shows a request for certified hand therapy 2 x 6 for 12 sessions. The patient is not post-surgery. The patient's date of injury is from 12/03/2013, and her current work status is return to full duty. The MTUS guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The 10/03/2014 hand therapy report, visit 3 out of 12, that shows that the patient is still having some pain. He tolerated massage well and continues to perform HEP. The 10/17/2104 physical therapy reports visit 6 out of 12 shows notes that the patient's symptoms are little better, not much. The total of hand therapy visits that the patient has received to date are 12. In this case, the patient has received 12 visits with some benefit, and the current request for an unlimited number of right hand therapy is not supported by the guidelines. The patient should now be able to transition into a home exercise program to improve strength and range of motion. The request IS NOT medically necessary.