

<b>Case Number:</b>	CM15-0184464		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 65-year-old female who sustained an industrial injury on 11-5-2013. A review of medical records indicates the injured worker is being treated for bilateral elbow medial and lateral epicondylitis, bilateral wrist De Quervain's tenosynovitis with diffuse bilateral wrist pain, status post carpal tunnel release, and status post release of multiple trigger digits. Medical records dated 8-6-2015 noted complaints to her right elbow and hand. Pain was rated a 4 out of 10. Physical examination noted tenderness over the lateral epicondyle and pain. There was tenderness over the medial epicondyle. There was diffuse tenderness to the right hand. X-rays of the right hand revealed slight joint space narrowing in the PIP joint of the left finger and minimal irregularity in the rest of the joints. Treatment has included medications, cortisone injection, 24 visits of physical therapy with good result, and activity modification. Utilization review form noncertified occupational therapy (bilateral upper extremities) 3 x per week x 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy (right upper extremities) 3 times per week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment

in Workers Compensation (TWC), Online Version updated 2/27/2015, Elbow Procedures, Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis. Patients should be reassessed after a six-visit trial for efficacy. In this case, the patient has completed 24 sessions and limited evidence of objective findings of improvement. The request for therapy 3 times per week for 4 weeks exceeds recommendations. The request for 12 physical therapy sessions is not medically necessary and appropriate.