

<b>Case Number:</b>	CM15-0025550		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 56 year old female who sustained an industrial injury on 10/31/2012. She slipped and fell and dislocated her left wrist and left elbow. She has had constant pain in her left elbow and left arm since then. Diagnoses include left medial epicondylitis, left lateral epicondylitis, left wrist sprain/strain and rule out cubital tunnel syndrome. Treatment to date has included medications, steroid injections, pain coping skills, and therapy. A physician progress note dated 01/09/2015 documents the injured worker complains of left upper extremity pain. Pain is rated as 6 on a scale of 1-10 with medications, and without medication her pain is 8 on a scale of 1-10. Her quality of sleep is poor. Her activity level has increased. Current treatment will be to continue her medication of Celebrex and Omeprazole and will consider a future prescription of Cymbalta, to address both depression and neuropathic pain. Treatment requested is for lateral unloader elbow strap for lateral epicondylitis, and six sessions of hand therapy for the left hand/wrist/elbow. The injured worker has not had hand therapy in quite some time and is very motivated to resume sessions. She noted success in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of hand therapy for the left hand/wrist/elbow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

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

**Decision rationale:** This patient has a date of injury of 10/31/2012 and presents with continued left upper extremity pain. The medical file provided for review does not include a request for authorization form. The current request is for 6 sessions of hand therapy for the left hand/wrist/elbow. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. Examination of the left elbow revealed tenderness to palpation over the lateral epicondyle and medial epicondyle and a positive Tinel's sign. Examination of the left wrist revealed tenderness to palpation over the volar wrist. There was mild decreased sensory noted on the ring finger and the little finger on the left side. The treating physician states that the patient has not had hand therapy in quite some time and is "very motivated to resume sessions." The patient reported "success in the past" with physical therapy. The medical file provided for review includes no physical therapy progress reports. The total number of completed sessions to date and the objective response to therapy is not provided. The utilization review modified the authorization to 3 sessions with the additional 3 sessions being noncertified. The reviewer stated that "the records do not provide a rationale for further physical therapy beyond that at this time." In this case, given the patient's ongoing left upper extremity pain and noted difficulty with sleep secondary to the pain, and the lack of documentation of any recent formalized physical therapy, a course of 6 sessions is warranted. The requested 6 sessions of hand therapy IS medically necessary.

**Lateral unloader elbow strap for lateral epicondylitis:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Splinting Section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20. Decision based on Non-MTUS Citation Official disability guidelines Elbow chapter under splinting.

**Decision rationale:** This patient has a date of injury of 10/31/2012 and continues to complain of upper extremity pain. The medical file provided for review does not include a request for authorization form. The current request is for lateral unloader elbow strap for lateral epicondylitis. ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, page 20 states regarding epidondylar pain: "If the treatment response is inadequate, such that symptoms and activity limitations continue, prescribed pharmaceuticals, orthotics, or physical methods can be added. Conservative care often consists of activity modification using epicondylalgia supports (tennis elbow bands), and NSAIDs with standard precautions on potential side effects." ODG guidelines Elbow chapter under splinting: "Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces).

(Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis."

Examination of the left elbow revealed tenderness to palpation over the lateral epicondyle and medial epicondyle and a positive Tinel's sign. In this case, ODG guidelines recommend such conservative interventions for chronic elbow pain, and it appears that this is a reasonable medical intervention given this patient's diagnosis and examination findings. This request IS medically necessary.