

<b>Case Number:</b>	CM15-0213245		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	05/26/2015
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 5-26-2015. The injured worker is undergoing treatment for: medial and lateral epicondylitis, trigger finger, right carpal tunnel syndrome. On 8-13-15, he reported right arm and hand pain. He rated the pain 4 out of 10. On 10-8-15, he reported right arm pain with new pain in his finger when gripping. He also reported continued numbness and tingling in the right hand. He stated he was unsure if acupuncture was helping. Objective findings revealed no significant swelling in the right upper extremity, full range of motion of the elbow, wrist and fingers, decreased sensation to light touch in the median nerve distribution, tenderness to the lateral and medial epicondyle, positive tinel's, negative guyon, positive carpal compression test, positive phalen's and reverse phalen's, tenderness at the A1 pulley of the third and fourth digits, and positive click with no triggering. The treatment and diagnostic testing to date has included: medications, electrodiagnostic studies (7-22-15), carpal tunnel injection (8-13-15), multiple sessions of acupuncture, smart glove, elbow strap. Medications have included: Tylenol, ibuprofen, meloxicam, orphenadrine. Current work status: restricted. The request for authorization is for: physical therapy two times weekly for 6 weeks for right medial and lateral epicondylitis. The UR dated 10-19-2015: non-certified the request for physical therapy two times weekly for 6 weeks for right medial and lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the right elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents on 10/08/15 with pain in the right elbow, right wrist, and fingers of the affected extremity. The patient's date of injury is 05/26/15. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT ELBOW. The RFA is dated 10/08/15. Physical examination dated 10/08/15 reveals positive Tinel's sign in the right upper extremity, with tenderness to palpation noted in the right lateral and medial epicondyles, pain elicitation with resisted range of motion. The provider also notes decreased sensation in the median nerve distribution, positive Carpal tunnel compression test, positive Phalen's and reverse Phalen's sign, and tenderness to palpation of the A1 pulley of the third and fourth digits of the right hand. The patient's current medication regimen is not provided. Patient is currently advised to return to modified work ASAP. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "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." About the 12 additional physical therapy sessions for this patient's right elbow complaint, the provider has exceeded guideline recommendations. The documentation provided indicates that this patient has had an unspecified number of physical therapy visits to date, though none recently. MTUS guidelines support up to 10 visits for complaints of this nature. The request for 12 sessions exceeds these guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.