

<b>Case Number:</b>	CM15-0054062		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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:

This 46-year-old woman sustained an industrial injury on 3/6/2014. The mechanism of injury is not detailed. Diagnoses include right lateral epicondylitis, right carpal tunnel syndrome, and right De Quervain's tenosynovitis. Treatment has included oral medications, kinesic tape, and physical therapy. Physician notes dated 2/26/2015 show complaints of right elbow, bilateral wrist and hand pain rated 8/10. Recommendations include hot/cold therapy pack, wrist/thumb support, tennis elbow strap, physical therapy, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xWk x 6 Wks of the right wrist, QTY: 12: Upheld**

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

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

**Decision rationale:** The patient presents with right elbow, bilateral wrist and hand pain. The patient is not post-surgical. The physician is requesting PHYSICAL THERAPY 2X WEEK X

6WEEKS OF THE RIGHT WRIST QUANTITY 12. The RFA was not included. The patient is currently off work. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The 02/03/2015 physical therapy report notes that the patient's "pain is a bit less." Tightness was noted in the flexor and extensor muscle. The rest of the handwritten physical therapy report was difficult to decipher. Per the 02/26/2015 report, the patient has completed 24 physical therapy visits. He rates his pain 8/10. She states that her elbow and wrist pain is moderately severe and intermittent in nature. Tenderness was noted in the right lateral epicondyle. Phalen's and Tinel's test is positive on the right. Finkelstein is positive. The rest of the examination is within normal limits. No surgical history was noted. In this case, while the patient reports continued symptoms to the elbow and wrist, the requested additional 12 sessions would exceed guidelines. The request IS NOT medically necessary.