

<b>Case Number:</b>	CM15-0001856		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 female, who sustained an industrial injury on 6/18/2014. The diagnoses have included bilateral wrist tendonitis, right ring finger triggering and carpal tunnel syndrome. Treatment to date has included physical therapy and pain medications. According to the Primary Treating Physician's Progress Report from 12/9/2014, the injured worker complained of pain in the neck and shoulder that was somewhat better and ongoing pain in the forearm and wrist. She had five to six physical therapy sessions that did not seem to be working. Objective findings included decreased tenderness over the sternocleidomastoid and trapezius muscle in the cervical spine. There was slight decrease in tenderness in the subacromial space and glenohumeral joint. There was still tenderness over the lateral epicondyle, flexor carpi radialis and also the trigger finger still persisting on the right hand. The physician treatment plan was to continue vitamins and diet. The injured worker was requesting refills of Norco, Flexeril and sulindac. Authorization was requested for further physical therapy consisting of cold laser for the elbow and wrist. The reports and results of prior physical therapy were not included for review. On 12/26/2014, Utilization Review non-certified a request for physical therapy 3 x 4 to the left wrist and elbow with cold laser, noting that the injured worker noted no improvement with therapy. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 to the left wrist and elbow with cold laser:** Upheld

**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:** The patient presents with pain in the forearm and wrist. The request is for PHYSICAL THERAPY 3X4 TO THE LEFT WRIST AND ELBOW WITH COLD LASER. The RFA is not included. Objective findings included decreased tenderness over the sternocleidomastoid and trapezius muscle in the cervical spine. There was slight decrease in tenderness in the subacromial space and glenohumeral joint. There was tenderness over the lateral epicondyle, flexor carpi radialis and also the trigger finger still persisting on the right hand. Per progress report dated 12/09/14, the patient has had 5 or 6 physical therapy which reportedly did not seem to be working. The reports do not reflect whether or not the patient is working. MTUS pages 98, 99 has the following: "Physical Medicine: 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 over 4 weeks are recommended." Treater is requesting 12 additional sessions of physical therapy. Treatment history included at least 5 or 6 physical therapy sessions with no efficacy, per progress report dated 12/09/14. Treater does not explain why on-going therapy is needed despite the lack of functional improvements with previous therapy sessions and why the patient is unable to transition into a home exercise program. The requested 12 additional sessions exceed what is allowed per MTUS for this kind of condition as well. Therefore, the request IS NOT medically necessary.