

<b>Case Number:</b>	CM15-0111202		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	02/27/2015
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Pain Management

### 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 reported an industrial injury on 2/27/2015. Her diagnoses, and/or impressions, are noted to include: bilateral carpal tunnel syndrome, right > left, and improving with therapy; right lateral epicondylitis/bilateral epicondylitis; bilateral trapezius muscle spasm; bilateral upper extremity repetitive motion injury; and cervical radiculitis/ radiculopathy - improved. No current imaging studies are noted. Her treatments have included physical therapy and occupational therapy - effective with a stated 65% improvement; home exercise/stretching; braces; medication management; and modified work duties followed by less restrictive job modifiers on 5/1/2015. The progress notes of 5/1/2015 noted a re-evaluation of bilateral upper extremity repetitive use complaints; neck spasms, and trapezial spasms; also reported were complaints of episodic tingling of the hands, right > left, which calmed after movement of the upper extremities. Objective findings were noted to include no distress; a review of the 7/2014 cervical spine x-rays noting return to normal cervical lordosis and mild-moderate degenerative disc disease; complaints of mild-moderate pain with stress and anxiety; itching; numbness in the arms; stiffness in the cervical spine upon extension with slight positive Spurling's maneuver on the right, and with stiffness on the left trapezial ridge, right cervical para-spinals, right rhomboids, and with left range-of-motion; tightness on the bilateral upper extremity trapezial ridge with positive right Tinel's test and mildly positive Cozen test on the right, tightness on the lateral epicondyle, a mildly positive right Finkelstein maneuver; and mildly positive Phalen's and Tinel's of the hand and wrist with paresthesias that extend to digits

2 & 3. The physician's requests for treatments were noted to include additional occupational therapy for the bilateral wrists and right elbow.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Additional OT 2 x 3 of The Bilateral Wrists and The Right Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy for bilateral wrists and right elbow, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of 5 prior PT sessions for carpal tunnel syndrome and lateral epicondylitis. There is documentation of specific objective functional improvement of 65% with the previous sessions. However, the request exceeds the amount of PT recommended by the CA MTUS of 8 total sessions for lateral epicondylitis and 1-3 visits over 3-5 weeks for carpal tunnel syndrome. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.