

<b>Case Number:</b>	CM15-0123471		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Massachusetts

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 39 year old male, who sustained an industrial injury on 09/10/2014. The injured worker reported sustaining injuries secondary to repetitive grasping and pulling with work activities. The injured worker was diagnosed as having bilateral wrist/forearm tendinosis, bilateral carpal tunnel syndrome, bilateral lateral epicondylitis four the elbows, and bilateral trigger finger/stenosing tenosynovitis of number two, three, and four fingers. Treatment and diagnostic studies to date has included physical therapy, home exercise program, use of night splints, use of tennis elbow braces, corticosteroid injection, and medication regimen. In a progress note dated 05/26/2015 the treating physician reports resolving pain to the bilateral elbows with recent exacerbation to the right elbow. The treating physician also noted a decrease in stiffness to the bilateral fingers, resolving pain to the bilateral wrists status post corticosteroid injection, and resolving tingling to the bilateral hands. Examination reveals decreased range of motion to the bilateral wrists, tenderness to the bilateral first annular pulley (A1 pulley) over the third fingers bilaterally with the left greater than the right, swelling to the bilateral middle finger at the first annular pulleys, atrophy to the thenar muscles bilaterally, decreased range of motion to the bilateral elbows, slight tenderness to the right lateral epicondyle, slight pain to the right lateral epicondyle along with weakness with resisted dorsiflexion of the wrist and middle finger. The documentation provided indicated prior physical therapy of at least 10 sessions. The treating physician noted that the improvement in pain to the bilateral elbows was secondary to physical therapy and use of elbow braces, but the documentation provided did not indicate if the injured worker experienced any specific functional improvement from prior physical therapy. The

treating physician requested 6 additional sessions of physical therapy for bilateral wrists to address the injured worker's residual impairment especially over the first annular pulley (A1 pulley).

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

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

**Physical therapy for bilateral wrists: 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter (online version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in September 2014 and continues to be treated for bilateral wrist and elbow pain. When seen, there had been improvement after a left carpal tunnel corticosteroid injection. His elbow and wrist pain had mostly resolved. He was having increasing finger stiffness without catching or triggering. Prior injections helped significantly for several months. He had completed 11 physical therapy treatments. He was continuing to wear wrist splints at night and elbow braces during the day. Physical examination findings included minimal right lateral epicondyle tenderness and minimal finger tenderness. There was swelling over the third finger bilaterally over the A1 pulley at the PIP joint. An additional six physical therapy treatments were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy with significant improvement and with a home exercise program. Patients are expected to continue active therapies and ongoing compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.