

<b>Case Number:</b>	CM15-0176892		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/22/2015
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Pennsylvania, Ohio, 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 52 year old female, who sustained an industrial injury on January 22, 2015. She reported bilateral wrist pain, bilateral elbow pain and low back pain. The injured worker was diagnosed as having status post lumbar fusion in April 2015, carpal tunnel syndrome, elbow tendinitis and bursitis and lumbosacral radiculopathy. Treatment to date has included diagnostic studies, electrodiagnostic studies, physical therapy, surgical intervention of the lumbar spine, wrist support, medication and work restrictions. Currently, the injured worker continues to report spasm, tenderness and guarding of the paravertebral muscles of the lumbar spine with decreased range of motion, a well healed surgical scar and decreased sensation in the left lumbar 5 dermatome, positive Phalen and reverse Phalen tests bilaterally over the wrists and bilateral tender lateral epicondyles of the elbows with decreased range of motion. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on February 16, 2015, revealed continued pain as noted. It was noted she had iontophoresis and physical therapy with no improvement. Evaluation on June 8, 2015, revealed continued pain as noted with associated symptoms. It was noted review of electrodiagnostic studies of the upper extremities from March, 2015, revealed moderate bilateral carpal tunnel syndrome. It was noted six previous physical therapy visits for the wrists and hands reduced her pain, increased her functionality and helped reduce her need for oral pain medications. It was noted her pain had returned and she continued to be symptomatic. Evaluation on July 20, 2015, revealed continued pain as noted. It was noted she was authorized for 2 sessions of physical therapy however the physician recommended more. The RFA included

requests for Physical therapy 1 x wk x 12 wks for Bilateral elbows/wrists and was non-certified on the utilization review (UR) on August 25, 2015.

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

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

#### **Physical therapy 1 x wk x 12 wks for Bilateral elbows/wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome; Elbow (Acute & Chronic) - Physical medicine guidelines.

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.