

<b>Case Number:</b>	CM15-0091241		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 36 year old female, who sustained an industrial injury on 2/7/14. She reported initial complaints of progressive right elbow and wrist pain. The injured worker was diagnosed as having right lateral epicondylitis; right carpal tunnel syndrome; right hand osteoarthritis. Treatment to date has included chiropractic therapy (x8); hand therapy (x8 approved); medications. Currently, the PR-2 notes dated 12/16/14 indicated the injured worker was being treated for right lateral epicondylitis and radial tunnel syndrome. She has three sessions of therapy with no change in her symptoms or her examination. He was waiting for additional therapy to be authorized at that time. Hand Therapy Re-evaluation noted dated 3/12/15 indicated the injured worker had 8 visits at that date. The PR-2 notes dated 5/11/15 document the injured worker completed the 8 sessions of hand therapy and she reports "significant but incomplete improvement in her symptoms." On physical examination, she continues to have tenderness over the lateral epicondyle with pain with resisted wrist extension and tenderness over the radial tunnel with pain with resisted middle finger extension and forearm supination. The provider's treatment plan was to continue with her anti-inflammatories, wrist splint and tennis elbow band. He also notes she would benefit from continued therapy. The medical documentation does not note any other conservative therapy such as injections to the pain sites or transitioning to a home exercise program. The provider is requesting authorization for additional hand therapy (2x6).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional hand therapy (2x6): Upheld**

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

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

**Decision rationale:** The patient was injured on 02/07/14 and presents with right lateral epicondylitis and radial tunnel syndrome. The request is for additional physical therapy 2 X 6. There is no RFA provided and the patient is working full duty. The utilization review denial letter states that "the patient has 8 sessions of hand therapy with improvement" from 10/24/14 to 03/12/15. MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with right lateral epicondylitis, right carpal tunnel syndrome, and right hand osteoarthritis. There does not appear to be any recent surgery the patient may have had. The patient has had prior physical therapy; however, there is no numerical assessment to indicate the patient "improvement." There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. An additional 12 sessions of therapy to the sessions the patient has already had exceeds what is allowed by MTUS guidelines. Therefore, the request is not medically necessary.