

<b>Case Number:</b>	CM13-0018503		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59-year-old female was involved in a slip and fall injury on 10/5/12. She has undergone both physical therapy and chiropractor care to treat shoulder, knee, neck, lower back and wrist injuries. She has been diagnosed with right thumb carpometacarpal arthritis, shoulder strain and bilateral carpal tunnel syndrome. Her surgeon is requesting twelve outpatient physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy two times a week for six weeks for the right thumb:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Physical Therapy.

**Decision rationale:** Although the patient has had therapy, she has not had therapy specifically directed to management of her thumb arthritis. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide specific guidelines regarding pre-surgical physical

therapy. The specific California Medical Treatment Utilization Schedule (MTUS) guidelines are for post-operative therapy. The Official Disability Guidelines (ODG) guidelines do support therapy. The Official Disability Guidelines (ODG) guidelines support nine visits for management of the thumb arthritis.