

<b>Case Number:</b>	CM13-0018813		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Physical Medicine & Rehabilitation, 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:

The underlying date of injury in this case is 01/10/2012. The primary diagnosis is lateral epicondylitis. An initial physician review notes that the patient has been under the care of his treating physician for a wrist sprain, lateral epicondylitis, ulnar nerve lesion, carpal tunnel syndrome, closed wrist dislocation, anxiety, and recurrent dislocation of the forearm. As on 07/13/2013, the patient had worsened symptoms of the right hand and particularly in the right thumb with tenderness at the lateral elbow and medial elbow and a positive Tinel's at the elbow and reduced grip strength and reduced sensation in the right wrist. The treating physician had recommended hand therapy to the right thumb 3 times a week for 4 weeks to improve pain and function. The reviewer noted that there were not specific musculoskeletal deficits identified which would prevent safe and effective transition to a home exercise program. Therefore, the reviewer recommended that this request be noncertified. A followup note of 09/05/2013 by the treating physician indicated the patient had worsening right thumb pain and that the physician was awaiting the results of this Independent Medical Review. The patient reported a lot of pain when trying to do activities where he needed to use this thumb and noted that when the patient was doing work as teacher including writing or grading the papers, the pain worsened. The treating physician recommended continued work with modifications and also referenced a TENS unit and the previously requested physical therapy. Reported diagnoses included right lateral and medial epicondylitis, right wrist sprain, bilateral moderate carpal tunnel syndrome, right wrist internal derangement, and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Therapy for R Thumb 3x4: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines section on physical medicine, page 98-99, states, "Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider...Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The treating provider in this case makes a compelling argument that this patient has worsened clinically. However, it is unclear what the specific proposed methods or goals are of additional hand therapy at this time considering the patient's past treatment. MTUS Chronic Pain Guidelines recommend that the requesting physician write a specific prescription stating the methods, goals, and other parameters for treatment in order to guide the patient's proposed hand therapy. This treatment is not appropriate given a lack of submitted documentation indicating the above referenced methods, goals, and parameters for treatment. At this time, the request for hand therapy for the right thumb 3x4 is not medically necessary and appropriate.