

<b>Case Number:</b>	CM13-0027317		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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 patient is a male with a date of injury of 10/27/2010. The 11/18/13 progress report indicates that the patient was reaching for an object when his back suddenly went out, experiencing radiating pain into the right lower extremity. The patient complains of persistent neck pain, right shoulder pain, intermittent right hand and finger pain, catching of the ring finger and triggering of the middle finger. Physical exam demonstrates clicking and catching of the ring finger with active range of motion, triggering of the middle finger. Physical therapy progress reports were reviewed from 2013, demonstrating that the patient complained of right hand and finger soreness and weakness following carpal tunnel release and trigger finger release on 4/12/13. The second and third digits were initially very swollen and sore with decreased range of motion after the surgery, but symptoms have been improving since taking Celebrex. The treatment to date has included at least 20 visits to physical therapy, medication, TENS unit, and activity modification. 8/19/13 determination was rendered for lack of subjective and objective findings that would support the need for physical therapy for the right elbow, wrist and hand. The patient had also completed 20 sessions of physical therapy with no resolution of impairments or transition to home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES PER WEEK FOR TWO MONTHS TO THE RIGHT ELBOW, WRIST AND HAND:** Upheld

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

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

**Decision rationale:** California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. In addition, the proposed number of visits in addition to the number of visits already completed would exceed guideline recommendations. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. The most recent physical exam findings were unremarkable for elbow complaints. The request was not medically necessary.