

<b>Case Number:</b>	CM13-0037628		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Family Practice and is licensed to practice in Texas. 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 patient is a 57 year old female who reported an injury on 11/03/2010. The mechanism of injury was her thumb getting caught in a conveyor belt. Her initial course of treatment was not included in the medical records, although it is noted that she underwent a same day debridement surgery to her right thumb and hand. The patient is also noted to have received 15-20 surgeries to her right hand, all unspecified, over the course of her treatment. She most recently received an unknown duration of acupuncture, 7 sessions of physical therapy, and a referral to a work conditioning program in 2013. It is unclear, however, if the patient began or is to begin the work conditioning program. The patient's current complaints include an occasional mild pain to her right shoulder, a constant, mild pain with occasional severe sharp quality to her right wrist, and a constant moderate to severe ache with occasional sharp quality to her right thumb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy visits for the right shoulder, hand and thumb:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines recommend 8-10 sessions of physical therapy for radiculitis and/or myalgia. With extension of sessions based on objective documentation of improvement. The patient is known to have had 7 physical therapy sessions from October 8-29 of 2013. Initial values of range of motion obtained at the start of therapy include right shoulder flexion of 165 degrees, extension of 35 degrees, abduction of 155 degrees, internal rotation of 60 degrees, and external rotation of 80 degrees. Right wrist range of motion was recorded as flexion of 50 degrees, extension of 55 degrees, ulnar deviation of 40 degrees, and radial deviation of 20 degrees. Right thumb ranges include MP flexion of 50 degrees, MP extension of -28 degrees, IP flexion of 0 degrees, and IP extension of -20 degrees. Although there were no final therapy range of motion tests available for review, the results of an independent study of computerized ranges of motion performed on 09/16/2013 was available. Results included right shoulder flexion of 177 degrees, extension of 41 degrees, abduction of 153 degrees, internal rotation of 53 degrees, and external rotation of 92 degrees. Right wrist values were 49 degrees, extension was 60 degrees, ulnar deviation was 30 degrees and radial deviation was 17 degrees. Right thumb values were MP flexion of 52 degrees, MP extension of 46 degrees, IP flexion of 23 degrees, and IP extension of 15 degrees. These values indicate that certain ranges of motion no longer exhibit a significant deficit, and that other ranges are significantly worse. As such, the benefit for extending physical therapy by 6 additional sessions has not been established and would exceed guideline recommendations. Therefore, the request for 6 physical therapy visits for the right shoulder, hand, and thumb are non-certified.