

<b>Case Number:</b>	CM13-0043332		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 38 year old male with a date of injury of 04/10/2013. The listed diagnoses per [REDACTED] are: 1) Ulnar-sided wrist pain consistent with a TFCC tear 2) Mild carpal tunnel and cubital tunnel syndrome According to report dated 08/15/2013 by [REDACTED], the patient presents with pain in the lunar aspect of the wrist at the ulnocarpal joint. Examination revealed tenderness over the ulnocarpal joint with positive ulnocarpal grind. He has tenderness over the cubital tunnel with positive Tinel and Flexed Elbow Compression test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) HAND THERAPY SESSIONS:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with pain in the lunar aspect of the wrist at the ulnocarpal joint. The treater is requesting additional 12 hand therapy sessions. Review of the reports show that the patient has had recent therapy as reports

dated 08/15/2013, 09/12/2013 and 09/29/2013 recommend that patient continue with PT. The exact number of treatments thus far provided is not known. MTUS guidelines recommend 8-10 sessions of therapy for neuralgia/neuritis type of conditions. This patient has had prior therapy and the current request exceeds what is recommended per MTUS. There are no discussion regarding why on-going therapy is indicated. There are no new injuries, neurologic deterioration to warrant additional and on-going therapy. Recommendation is for denial.