

<b>Case Number:</b>	CM13-0070841		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/13/2003
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 48-year-old male with a date of injury on 10/13/2003. The patient has ongoing symptoms related to his bilateral upper extremities, and left hand and wrist pain. Diagnoses include left upper extremity pain, thoracic outlet syndrome bilaterally, status post carpal tunnel release (1/24/12), and left shoulder surgery (1/27/09). Subjective complaints are of left thumb locking, left wrist pain, left shoulder pain radiating to arm, and increased numbness on the right hand. Physical exam shows left trigger finger, swelling/scarring of the left wrist/hand, and positive right elbow and wrist Tinel's sign. Treatments have included extensive physical therapy, medications, surgery, a scalene block, and orthotics. Submitted records identify at least 26 visits to physical therapy. Mild improvement in function and motor strength is recorded in physical therapy update.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 PHYSICAL THERAPY SESSIONS FOR LEFT HAND STRENGTHENING AND THORACIC OUTLET SYNDROME: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22, 27.

**Decision rationale:** CA MTUS guidelines recommend 8-10 visits for most chronic pain complaints and allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Specifically, ODG physical therapy guidelines indicate that treatment for thoracic outlet syndrome is 14 visits over 6 weeks for medical treatment. For trigger finger, treatment recommendations are for 9 visits over 8 weeks, and for carpal tunnel syndrome, 1-3 visits over 3-5 weeks. For this patient, at least 26 sessions have been performed, with only mild improvement in function and strength. Therefore, the request for 6 additional physical therapy sessions would exceed guideline recommendations, and would not be considered medically necessary.