

<b>Case Number:</b>	CM14-0004426		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Occupational Medicine 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:

This is a 28-year-old female with a 6/12/12 date of injury, when she bended her right wrist backwards. The progress note dated 9/11/13 stated that the patient's pain improved with PT and the extension for an authorization for the hand surgeon was made. The patient was seen on 11/27/13 with complaints of 5/10 pain in the right hand and wrist and 6/10 pain in the right elbow with spasm and radiation up to the biceps. The patient also reported numbness and tingling in the fingers. Exam findings revealed palmar flexion 60/60 degrees, dorsiflexion 50/60 degrees, radial deviation 15/20 degrees and ulnar deviation 20/30 degrees. The flexion of the right elbow was 140/140 degrees and extension was 0/0 degrees. The progress note indicated that the patient had an appointment with the hand specialist on 1/29/14. The diagnosis is right ulnar neuropathy, right carpal tunnel syndrome, and right upper extremity paraesthesias. Treatment to date: work restrictions, cortisone injections, wrist splint, PT and medications. An adverse determination was received on 12/19/13 given that the patient did not meet criteria for a follow up visit and for a lack of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits

**Decision rationale:** The CA MTUS does not specifically address the issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The progress note dated 9/11/13 stated that the extension for an authorization for the hand surgeon was made, however there is a lack of documentation indicating why the extension was needed. In addition, the progress note dated 11/27/14 indicated that the patient was scheduled to see a hand specialist on 1/29/14. Lastly, there is a lack of new documentation with clearly specified goals from the follow up visit for the patient. Therefore, the request for Follow up visit is not medically necessary.

**Physical Therapy two (2) times a week for six (6) weeks for the Right Hand and Wrist:**  
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 Therapy Page(s): 98-99.

**Decision rationale:** The CA 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. The progress notes indicated that the patient had PT in the past and benefited from it. In addition, the reviewer's notes stated that the patient had total of 48 PT sessions. However, there is no rationale with clearly specified new goals for the patient. In addition, given that the patient's injury was over 2 years ago it is not clear, why the patient cannot transition into an independent home exercise program. Therefore, the request for Physical Therapy 2x6 for the Right Hand and Wrist are not medically necessary.