

<b>Case Number:</b>	CM14-0006143		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Orthopedic Surgery and is licensed to practice in California, New York. 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 49-year-old male with a 12/14/2010 date of injury. A specific mechanism of injury was not described. The patient is status post carpal tunnel release and deQuervain's release on 10/16/13. 12/20/13 determination was non-certified given no documentation of functional improvement with previous therapy. A 1/13/14 physical therapy discharge report indicates that the patient had completed 9 physical therapy sessions. A 12/26/13 physical therapy report identified that the current measures did not change since beginning of therapy on 11/27/13, and in fact, the level of pain increased to 10/10 (previously reported as 7/10 on 11/27/13). The complete activity limitation UEFS score was 19 at initiation of therapy and 4 at discharge. The goal was for a UEFS of 76 to 80. The patient stated that she had continued pain to her hand. She was very upset that she couldn't move her fingers, and that it was swollen. She was trying to move her fingers as much as possible, but she still couldn't tolerate picking up any object. She also stated that her fingers were numb. A 12/18/13 progress report by [REDACTED] identifies that the patient did not come for evaluation. A 12/11/13 medical report identifies severe pain in the right hand which radiated now up to the right shoulder blade region, which the patient stated was unbearable and frustrating.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POST OP PHYSICAL THERAPY 3X2 RIGHT HAND:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, page 114.

**Decision rationale:** The patient underwent a carpal tunnel release and deQuervain's release in October 2013 and subsequently had 9 physical therapy sessions. There is no documented functional improvement with therapy. The patient had increased pain and apparently additional functional limitations. While therapy might provide the patient relief of symptoms, the medical records do not clearly identify the benefit of further supervised therapy, given apparent exacerbation of symptoms. There would be need of updated treatment goals to specifically address the patient's current symptoms. Furthermore, given that the patient did not attend the last documented treating provider's evaluation, it is not entirely clear that the patient is committed and compliant with the treatment proposed.