

<b>Case Number:</b>	CM14-0006275		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/14/2003
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Physical Medicine and Rehabilitation 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:

Medical records from 2012 through 2014 were reviewed. The latest progress report, dated 02/25/2014, showed worsening pain in her wrists and hands. Physical examination of bilateral wrists revealed hypertrophic scars from previous de Quervain's releases. She was positive for Finkelstein, Phalen and Tinel signs. Grip strength was diminished in both hands. There was pain noted on passive range of motion in flexion to extension. Treatment to date has included de Quervain's release (unspecified date), physical therapy for upper extremities (number of sessions unspecified), TENS and medications. Utilization review from 12/13/2013 denied the request for physical therapy 12 visits; bilateral hands because the documentation provided for review identified completed rehabilitation however, did not identify specific musculoskeletal deficits that would prevent safe and effective transition to a self-directed home exercise program to support the medical necessity for additional supervised rehabilitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 12 VISITS BILATERAL HANDS:** Upheld

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

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

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient had previous physical therapy of the upper extremities with unspecified number of sessions. Currently she is continuing home exercise program. The rationale for requesting additional PT is to help alleviate the pain without relying heavily on oral medications. However, there was no functional improvement derived from the previous sessions as documented from the latest progress report, dated 02/25/2014, which revealed worsening pain of both wrists and hands with diminished grip strength. The medical necessity for additional therapy visits was not established due to lack of information from previous PT. Therefore, the request for physical therapy 12 visits to bilateral hands is not medically necessary.