

<b>Case Number:</b>	CM14-0012557		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/21/2007
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 35-year-old male patient with a 02/27/07 date of injury. He injured his right arm when cleaning up an ink spill. A 5/17/13 progress report indicated that the patient complained of increased pain in the neck, left shoulder and right hand. He reported that last 4-6 weeks his pain increased in his neck, left shoulder as well as in his right hand primarily in the index, long and ring finger. He tried medication and home exercises that were not helpful. Physical exam revealed tenderness and muscle guarding over cervical paraspinal muscles, mostly in the left side. There was slightly decreased range of motion in the cervical spine. There was tenderness in the left arm periscapular muscles. Objective findings of wrists demonstrated post-op scar over the right wrist constant with carpal tunnel released surgery on 11/23/10. There was tenderness along the A1 pulley of the index, long and ring fingers, with full range of motions. MRI date on 7/23/13 showed 3 mm left foraminal disc osteophyte complex at C4-5 resulting in abutment of the left cervical nerve root. He was diagnosed with status post submuscularis transposition with neurolysis of the ulnar nerve, right carpal tunnel and de Quervain's release surgeries (11/2010), and recent onset of tenosynovitis involving the right index, long and ring fingers. Treatment to date: medication management and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 X 4 RIGHT HAND AND WRIST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6 Pain, Suffering, and the Restoration of Function, page 114 Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

**Decision rationale:** The California 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 patient had 2007 date of injury with carpal tunnel and de Quervain's release surgery on 11/2010, and likely has had physical therapy. However, the patient had exacerbation of pain in his right hand primarily in the index, long and ring fingers. He had medication and home exercise program with no benefits. He was diagnosed with recent onset of tenosynovitis involving the right index, long and ring fingers. In addition, as cited Official Disability Guidelines synovitis and tenosynovitis medical treatment: Nine visits over 8 weeks. Guidelines do support repeat intermittent trials of physical therapy for exacerbation of chronic pain. Therefore, the request for physical therapy 2 x 4 right hand and wrist was medically necessary.