

<b>Case Number:</b>	CM14-0115014		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 patient is a 43 y/o female who developed persistent left wrist pain and swelling after an injury dated 5/13/13. She has been evaluated by a hand specialist who felt that the exam was normal and no surgical intervention was warranted. A 2nd specialist has reviewed the records and did not elect to evaluate her as no surgical specialty needs were identified. A face to face 2nd specialist evaluation has been requested and the patient is considered to be nearing a MMI status. Objective swelling of the wrist is occasionally documented. The primary treating physician has diagnosed intermittent De-Quervains tendonitis as well as 1st CMC arthritis. A total of 24 sessions of prior physical therapy has been completed without any significant change in the course of the wrist discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Orthopedic hand surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines supports the appropriate referral to specialists if the treating physician has exhausted their level of expertise. It is understood that the patient has seen a specialist already, but due to continued pain and swelling another opinion has been requested as the patient nears a maximum medical improvement (MMI) status. Many physicians would not request another opinion, but it appears that the patient has requested this and it is not contrary to Guidelines. The request for an additional specialist evaluation is medically necessary.

**Five more Physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical/Occupational Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264,265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Forearm, Wrist and Hand, Physical Therapy.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend limited physical therapy for wrist and hand complaints with continued home exercises and modality applications. Official Disability Guidelines (ODG) Guidelines provide additional details recommending up to 9 sessions of therapy as adequate for wrist strains and pains. The 24 sessions completed significantly exceeds Guideline recommendations and it is reasonable to anticipate adequate education for follow through with home based rehabilitation. The request for an additional 5 sessions of physical therapy is not medically necessary.