

<b>Case Number:</b>	CM14-0137824		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 55 years old male with an injury date on 03/19/2014. Based on the 08/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Finger injury NOS2. Wrist sprain 3. Tenosynov hand/wrist NEC 4. Wrist Pain 5. Lateral epicondylitis. According to this report, the patient complains of ongoing stiffness of the digits of both hands. The patient "has some increased pain over the dorsal aspect of his left wrist." Physical exam reveals tenderness over the left dorsal compartment. Finklestein's test is weakly positive. There is very mild degenerative change at the first CMC joint. There were no other significant findings noted on this report. The utilization review denied the request on 08/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/20/2014 to 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 1 time per week for 6 weeks for the bilateral wrists:** Upheld

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

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

**Decision rationale:** According to the 08/11/2014 report by [REDACTED] this patient presents with ongoing stiffness of the digits of both hands. The treater is requesting hand therapy 1 time per week for 6 weeks for the bilateral wrists. The utilization review denial letter states "has had 12 Physical therapy sessions," unknown time frame. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient has had prior physical therapy. Time frame for these treatments is not clear. There is no discussion regarding the patient's progress on any of the reports and what is to be achieved with additional therapy. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In this case, the treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. Recommendation is for denial.