

<b>Case Number:</b>	CM14-0153495		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Family 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 is a 50-year-old female patient who reported an industrial injury to the left wrist/hand on 7/11/2013, 15 months ago, attributed to the performance of her usual and customary job duties. The patient was certified for prior sessions of physical therapy. The patient was reported to complain of pain on the left index finger and distal Palmer region. The objective findings on examination included swelling and slight tenderness of the left index finger at the distal interphalangeal; positive tenderness on A1 pulley, tenderness to palpation on the metacarpophalangeal and proximal interphalangeal; diminished range of motion; ongoing pain with range of motion to the Profundus tendon. The diagnosis was injury to extensor hood, left index distal interphalangeal with residual swelling. The treatment plan included 3-4 additional sessions of physical therapy directed to the left wrist. The patient was prescribed naproxen, Tramadol, and a topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x week x4 weeks for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (updated 08/08/14)

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

**Decision rationale:** The patient has been documented have received prior sessions of physical therapy/occupational therapy for the stated diagnoses of left wrist pain attributed to the cited diagnoses and exceeded the number recommended by evidence-based guidelines. There is no evidence that the patient is participating in a self-directed home exercise program. There is no objective evidence documented by on physical examination that demonstrates the medical necessity of additional physical therapy over the participation of the patient in home exercise program. The request for 3x4 additional sessions of physical therapy as opposed to a self-directed home exercise program is not supported with objective evidence to demonstrate medical necessity. The patient is not demonstrated to have any weakness or muscle atrophy to the left wrist. The Official Disability Guidelines/MTUS recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for carpal tunnel syndrome is 3-5 sessions with integration into a self-directed home exercise program. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the California MTUS and the Official Disability Guidelines for treatment of the left wrist and hand. The medical records document that the patient has improved significantly with the previously authorized physical therapy and should be integrated into a self-directed home exercise program. The medical necessity of additional sessions is not supported in the provided clinical documentation as opposed to participating in a home exercise program for conditioning and strengthening. The hand/upper extremity exercises learned in physical therapy should be integrated into a self-directed home exercise program. There is no medical necessity for an additional 3x4 sessions of physical therapy over 15 months after the date of injury. Therefore the request is not medically necessary.