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| Case Number: | CM14-0020024 | | |
| Date Assigned: | 04/28/2014 | Date of Injury: | 06/01/1992 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 & 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:

Patient is an employee of [REDACTED] who has submitted a claim for bilateral upper extremity pain and knee pain associated with an industrial injury date of 6/1/1992. Treatment to date has included, physical therapy sessions since at least 05/2013, EMG/NCV studies, home exercises program, total knee arthroplasty, arthroscopic shoulder surgery on 5/18/2013 and intake of medications which include, Zyrtec, Align probiotics and peppermint oil caps. Medical records from 2012-2014 were reviewed which revealed intermittent, slight numbness in left shoulder, arm, elbow, wrist, hand, fingers. There's intermittent moderate pain from her left elbow through the left wrist; arm, hand, and fingers described as aching, cramping, dull, severe, sharp, shooting and throbbing. She indicates having difficulty performing daily activities including cooking, bathing and getting dressed. Physical examination showed MMT of left thumb, index, middle, ring and small fingers to be 4/5, positive Tinel's, Phalen's and Durkan's at the wrist. Positive Tinel's and flexion test at the elbow, tenderness at the thumb CMC joint, Metacarpal shaft and MCP joint, positive thumb grinding maneuver. Right upper extremity has thenar atrophy, positive Tinel's, Phalen's and Durkan's at the wrist. Negative Tinel's and positive flexion test at the elbow. Positive thumb CMC grinding maneuver. Left shoulder muscle strength is 3/5 on flexion, abduction, internal rotation, external rotation. Right shoulder MMT is 5/5 on all planes. Left and right knees are stable mediolaterally and anteroposteriorly at 0 to 120 degrees range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE RIGHT WRIST/HAND (2 X PER WEEK FOR 4 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264//98-99, Chronic Pain Treatment Guidelines.

Decision rationale: As stated on pages 263-264 of the ACOEM, Forearm, Wrist, Hand complaints chapter, which is part of the CA MTUS, initial and follow-up visits with therapy for education, counseling and evaluating home exercise are needed. Furthermore, pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines state that physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient had multiple therapy sessions, however, the total number of visits was not stated in the medical records. Patient also started to have home exercise program. The rationale given for this request is to continue hand therapy while surgery is being delayed. However, the planned procedure is left median nerve decompression of the wrist. The present request is for the right hand, which does not concur with the given rationale. Although patient also complains of right hand pain with objective findings of tenderness, atrophy, and positive provocative tests; it is not clear if the right wrist will likewise be subjected to surgery. It is unknown why a self-directed home exercise program would not suffice at this point. Therefore, the request for additional 8 physical therapy sessions for the right hand and wrist for 4 weeks is not medically necessary.