

<b>Case Number:</b>	CM14-0043505		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/08/2002
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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:

The claimant was injured on 07/08/02. Follow-up with [REDACTED] for a cortisone injection and PT for the right hand are under review. On 11/11/13, [REDACTED], a chiropractor, indicated that an MRI of the right wrist in May 2013 revealed tenosynovitis of the second extensor tendon compartment. She had mild dorsal capsulitis and moderate osteoarthritic changes of the first MCP joint. There was scaphoid-trapezoid arthritic change. She had right hand pain, stiffness, and spasm and left hand locking and clicking from a possible trigger finger. She has had some unrelated cardiorespiratory workups, also. She was also status post bilateral CTRs and right trigger finger release and left elbow ulnar nerve transposition. On 04/21/14, [REDACTED] stated that she was status post EMG/NCV that showed bilateral carpal tunnel syndrome and borderline ulnar neuropathy. She was postop right carpal tunnel release and trigger finger release and postop left carpal tunnel release. She also was status post spinal fusion at C5-C7. She was to follow-up with [REDACTED] for injections or surgery and was to continue seeing a psychologist. She saw [REDACTED] on 05/08/14. He reported she had increasing pain in the right thumb despite using a splint. She had pain and a positive grind test and radial subluxation of the right metacarpotrapezial joint. She had decreased strength and positive Tinel's to the middle finger and a positive Phalen's test. She was diagnosed with metacarpotrapezial arthritis that was worsening and right-sided carpal tunnel syndrome. Arthroplasty was recommended. On 05/15/14, she saw [REDACTED] for pain and upper extremity symptoms. PT was recommended for 6 visits for the right hand. On 06/02/14, she saw [REDACTED] and she also had depression brought on by pain and stress from her work injuries. She was on several medications. She saw [REDACTED] on 06/02/14 and he indicated that a nerve conduction study had not been done to diagnose carpal tunnel syndrome.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 3 to the right hand:** 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 Treatment Page(s): 130.

**Decision rationale:** The history and documentation do not objectively support the request for 6 PT visits at this time. The MTUS state physical medicine treatment may be indicated for some chronic conditions and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The claimant appears to have had extensive evaluation and treatment and there is no indication that she is unable to continue her rehab with an independent exercise program. The goals of a PT program for her chronic condition when surgery has already been mentioned and the anticipated benefits of PT have not been clearly described in the records. There is no documentation of a response to PT in the past. There is no evidence that this course of treatment is likely to significantly change her course of treatment. The medical necessity of this request for 6 visits has not been demonstrated.

**Follow up with [REDACTED] for Cortisone Injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Corticosteroid Injections.

**Decision rationale:** The history and documentation do not objectively support the request for a referral to [REDACTED] for a cortisone injection. The MTUS do not address cortisone injections to the hand/wrist. The ODG state corticosteroid injections may be recommended for DeQuervain's and trigger fingers, but neither of these conditions appear to be present. The specific type of injection and the location to be injected are not stated. The anticipated benefit to the claimant also has not been described. The medical necessity of this request for an injection by [REDACTED] has not been clearly demonstrated.