

<b>Case Number:</b>	CM14-0044052		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 43-year-old male with date of injury of 04/20/2013. The listed diagnoses per [REDACTED] dated 03/03/2014 are: 1. Status post concussion syndrome with cephalgia and transient forgetfulness. 2. Status post contusion, left side of the forehead, with concussion syndrome. 3. Status post sutured laceration/wound, right wrist, with paresthesia; rule out carpal tunnel syndrome. 4. Tendonitis, digits 3, 4, and 5, right hand. 5. Status post right upper extremity neuropathy secondary to laceration/suturing at the wrist. 6. Depression and anxiety. According to this report, the patient complains of headaches with dizziness and blurry vision. He also complains of right wrist pain radiating to the fingers with associated numbness and weakness. He also complains of right hand pain radiating to the fingers with associated numbness and weakness. The patient has reported weakness and paresthesia in the right hand with episodes of dropping objects. To date, he has received 21 sessions of physiotherapy and 6 sessions of chiropractic treatment. The physical exam shows the right hand reveals slightly flexed downward deformity of the 2nd finger. There is decreased sensation on the dorsal aspect of the right hand. No other findings were noted on this report. The utilization review denied the request on 03/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical Therapy sessions for the right hand to include paraffin bath, electrical muscle stimulation, and ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (Acute & Chronic), Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following: Physical Medicine Page(s): 98,99.

**Decision rationale:** This patient presents with right hand and right wrist pain. The provider is requesting 8 physical therapy sessions for the right hand to include paraffin bath, electrical muscle stimulation, and ultrasound. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The review of records do not show any recent or prior physical therapy reports to verify how many treatments and with what results were accomplished. However, the progress report dated 03/03/2014 documents, to date, he has received 21 sessions of physiotherapy and 6 sessions of chiropractic treatment from this facility. In this case, the provider failed to provide a rationale for continuing with physical therapy. Furthermore, the requested 8 sessions when combined with the previous 21 sessions that the patient received would exceed MTUS recommendations. 8 Physical Therapy sessions for the right hand to include paraffin bath, electrical muscle stimulation, and ultrasound are not medically necessary and appropriate.

**4 continue chiropractic evaluation and treatments for right hand and wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding manual therapy and treatments Page(s): 58,59.

**Decision rationale:** This patient presents with right hand and right wrist pain. The provider is requesting 4 chiropractic evaluation and treatments for the right hand and wrist. The MTUS Guidelines page 58 and 59 on manual therapy and manipulation states, recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. Furthermore, a trial of 6 visits over 2 weeks is recommended and with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks. MTUS also states that chiropractic treatment is not recommended for the forearm, wrist, hand, and carpal tunnel syndrome. In this case, the requested 4 chiropractic visits for the hand and wrist are not supported by the MTUS Guidelines. Four continue chiropractic evaluation and treatments for right hand and wrist are not medically necessary and appropriate.