

<b>Case Number:</b>	CM14-0048586		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/27/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 patient is a 54 year old female who was injured on 07/27/2009. The mechanism of injury is unknown. Prior treatment history has included 12 sessions of physical therapy. Visit note dated 02/26/2014 states the patient presented with exacerbation of her bilaterally wrist pain. She reported restricted range of motion and pain. On her exam, she was noted to have lateral elbow tenderness. She was diagnosed with right shoulder impingement syndrome; right lateral epicondylitis; and cervical spine strain. She was recommended to undergo hand therapy to bilaterally wrists and hands due to exacerbation of her hand and wrist pain. Physical therapy note dated 05/08/2014 indicates the patient has made improvement in range of motion of the bilateral wrist. Her pain score on initiation of physical therapy was an 8/10 on 03/11/2014. Her pain score on 05/08 had decreased to 4/10. Prior utilization review dated 03/11/2014 states the request for Hand Therapy-Bilateral Wrist and Hands QTY: 12.00 is partially certified for 6 sessions of hand therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Therapy-Bilateral Wrist and Hands QTY: 12.00:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, physical medicine (therapy) may be recommended for exacerbations of chronic myalgia, myositis, neuralgia, neuritis, or radiculitis up to 10 visits over 8 weeks. In this case a request is made for 12 visits of therapy for bilateral hands and wrists for a 54-year-old female patient with chronic neck, bilateral shoulder, wrist and hand pain. There is documentation of an exacerbation of hand and wrist pain. Details are not provided. No hand or wrist examination is provided. Clinically significant functional improvement from prior physical therapy is not demonstrated. The patient is not working. The number of requested visits exceeds guideline recommendations. Medical necessity is not established for additional hand therapy.