

<b>Case Number:</b>	CM14-0062036		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/15/2006
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 years old female who had a work injury dated 3/15/06. The diagnoses include cervical musculoligamentous sprain/strain; thoracic musculoligamentous sprain/strain; lumbosacral musculoligamentous sprain/strain; bilateral elbow medial and lateral epicondylitis. Under consideration are requests for PT 2x3 to bilateral upper extremities. A 4/15/14 progress note physical exam notes that the patient has bilateral wrist/hand pain. . The first extensor compartment of A1 pulley of fingers 2-4. Onset tenderness at fifth A1 pulley with triggering, active/passively, She has negative Tinel's bilaterally and slight positive Finkelstein's. The ranges of motion with flexion at 56/54 degrees, extension at 52/50 degrees, radial deviation at 20/20 degrees and ulnar deviation at 30/30 degrees. There is a request for authorization dated 5/15/14 that states that the patient's work related injury settled October 14, 2012 with 22% permanent disability rating with future medical care for the bilateral wrists and hands. The patient then sought treatment to our office on December 3, 2012 for a flare up of her symptoms. A request was made for therapy due to a flare-up of her bilateral wrist and hand symptoms due to a work-related injury .The patient was sent for a course of physical therapy, initially, an initial course of one times six for six visits and an additional four to five sessions for combined total of 10 to 12 visits. The patient progressed to a home exercise program. She was once again released from care on May 23, 2013 and instructed to continue with self-guided home exercise program, use of Flecter patches, stretching and exercise program, use of medication and braces on an as-needed basis. The patient was instructed to call the office should her symptoms deteriorate. The patient then returned to our office again on April 15, 2014 due to a flare-up of her wrist and hand symptoms and because of locking in the fifth digit of the right hand. The patient was seen in the office and requested a short course of physical therapy at a frequency of two times per week for

three weeks for a total of six therapy sessions to address her bilateral wrist and hand symptoms, which had worsened. Also an ultrasound-guided trigger finger injection to the right fifth finger given the active triggering of the right fifth finger was requested. Per documentation the fifth finger injection under ultrasound-guidance was approved but the physical therapy at a frequency of two times per week for three weeks to the bilateral upper extremities was medically denied. As indicated earlier, the patient was instructed to perform self-guided home exercise including stretching and range of motion exercises, use of braces, use of Flector patches and activity modification in attempts to reduce her flare-ups prior to call the office for re-evaluation. She did that as she continued to have ongoing symptoms. Therefore, she returned to the office on April 15, 2014. Additionally, the patient initially required treatment from December through May included 10 to 11 course of physical therapy to bilateral wrists and hands, which provided benefit in reducing her symptoms to pre-flare-up levels. Therefore, the documentation physician states that he believes that given the medical evidence, the physical therapy to the bilateral wrists previously provided benefit in reducing the patient's symptoms that it would be appropriate for her to undergo additional course of physical therapy in hopes of reducing her symptoms to pre-flare levels.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PT 2x3 to bilateral upper extremities:** Upheld

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

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

**Decision rationale:** PT 2x 3 to bilateral upper extremities is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guideline states that physical medicine is to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. The documentation indicates that the patient has had extensive therapy for this condition. The documentation does not include objective evidence from prior therapy visits of functional improvement from these visits. The guidelines recommend up to 10 visits for this condition. The patient should be well versed in her home exercise routine. The request for PT 2x 3 to bilateral upper extremities is not medically necessary.