

<b>Case Number:</b>	CM14-0078297		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 33-year-old gentleman was reportedly injured on May 26, 2011. The mechanism of injury is noted as the onset of right hand pain while cooking. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of right hand pain and weakness. The physical examination demonstrated tenderness along the A1 pulley of the right long finger and the inability to fully grip or extend. Diagnostic imaging studies of the right wrist reveals a dorsal ganglion cyst. Previous treatment includes a carpal tunnel release, a long finger release, and physical therapy. A request had been made for 12 sessions of physical therapy and a nerve conduction study for the right upper extremity and was not certified in the pre-authorization process on May 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical Therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines postoperative physical therapy for a carpal tunnel release and a trigger finger release would total nine visits over eight weeks time. It is unclear from the attached medical record how many visits of physical therapy the injured employee has had or the efficacy of these sessions. Without this information, this request for an additional 12 visits of physical therapy is not medically necessary.

**Nerve Study (electrodiagnostic studies (EDS)) of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The most recent progress note dated July 7, 2014, does not state that there are any abnormal neurological findings for the injured employee. Considering this, the request for a nerve conduction study of the right upper extremity is not medically necessary.