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| <b>Case Number:</b>   | CM14-0081477 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 11/05/2007 |
| <b>Decision Date:</b> | 09/23/2014   | <b>UR Denial Date:</b>       | 05/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2014 |

### 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 Orthopaedic Surgery 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:

This 62-year-old female sustained an industrial injury on 11/5/07 due to cumulative trauma. Past surgical history was positive for right carpal tunnel release, DeQuervain's release, ulnar nerve decompression at Guyon's canal, and trigger thumb release. The patient underwent right wrist trapeziectomy, thumb-wrist ligament reconstruction, and carpometacarpal joint interposition arthroplasty with allograft and pinning on 3/30/12, and left carpal tunnel release on 11/22/13. The 4/22/14 treating physician report cited continued problems with the left hand but was also with both hands at the base of the thumbs. She had completed 16 sessions of physical therapy since the carpal tunnel release and was making good progress. The therapist identified some areas that needed to be addressed and 8 more sessions were recommended for further strengthening and range of motion. There was bilateral weakness of grip and pinch. She was working modified duty with some difficulty. Physical exam noted mild swelling over the radial aspect of the right thumb and wrist, decreased thumb range of motion, and weakness in plantar abduction and radial abduction. There was hypertrophy of the left carpometacarpal (CMC) joint with tenderness and positive CMC grind. There was tenderness to palpation over the ulnar side of the left wrist. There was a positive fovea sign, triangular fibrocartilage complex tenderness, and pain with repetitive right wrist pronation/supination. There was left wrist discomfort with ulnar loading and fine clicking with some slight crepitation. The treatment plan requested 8 more sessions of physical therapy to address the bilateral hand weakness. She was continuing to do home exercises and scar massage. The 5/9/14 utilization review denied the request for physical therapy 2x4 for the bilateral hands and wrists as there were no current functional deficits documented to be addressed by additional physical therapy and there was no objective evidence of functional improvement documented with prior physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of Physical therapy 2xwk x4wks bilateral hands and wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG-Physical Therapy Guidelines.

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

**Decision rationale:** California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 3-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There is no specific functional weakness or range of motion deficits to be addressed by additional physical therapy treatment. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program for continued strength and range of motion rehabilitation. Therefore, this request is not medically necessary.