

<b>Case Number:</b>	CM14-0081934		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 & Rehabilitation, Pain 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 injured worker is a 37-year-old female who reported an injury on 10/04/2012. The mechanism of injury was not provided. On 04/24/2014 the injured worker presented with worsening of the left wrist pain. Upon examination of the left wrist, there was no soft tissue swelling. There was tenderness to palpation over the flexor and extensor compartment, and tenderness to palpation over the radial carpal joint, and triangular fibrocartilage complex. There was a positive Phalen's and median nerve compression sign. There was mild limitation of motion. The range of motion values for the left wrist were 45 degrees of dorsiflexion, 45 degrees of palmar flexion, 20 degrees of radial deviation, 30 degrees of ulnar deviation, 80 degrees of pronation, and 80 degrees of supination. The diagnoses were left wrist tendinitis, left wrist carpal tunnel syndrome, and left trigger thumb. Prior therapy included medications, soft tissue modalities, exercise, and participation in activities tolerated. The provider recommended an x-ray of the left hand and 12 visits of physical therapy for worsening symptoms. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray Left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for an x-ray of the left hand is not medically necessary. The California MTUS/ACOEM Guidelines state that for injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 weeks period of conservative care and observation. Most injured workers improve quickly, provided red flag conditions are ruled out. The clinical documentation state there is tenderness to palpation over the flexor and extensor compartment, and a positive Phalen's and median nerve compression sign. There was limitation of motion. There is lack of documentation of the injured worker's failure to respond to conservative treatment to include physical therapy, home exercise and medication. As such, the request is not medically necessary.

**Physical Therapy 12 visits ( Unknown body part):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The requested Physical Therapy 12 visits (Unknown body part) are not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process, in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request does not specify the body part that the physical therapy sessions are indicated for in the request as submitted, and there is no frequency noted. As such, the request are not medically necessary.