

<b>Case Number:</b>	CM13-0023982		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/12/2002
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old female who sustained an industrial injury on 02-12-2002. According to a progress report dated 08-01-2013, the injured worker reported neck pain, left hand and wrist pain, right shoulder pain and left thumb and ring finger painful catching and locking. She reported that surgery was denied. She reported swelling of the right hand with frequent typing and frequent severe right wrist and shoulder pain causing swelling, burning and tenderness that was rated 10 on a scale of 1-10. Current medications included Vicodin. Diagnoses included moderate cervical foraminal stenosis C5-6 left, status post release of left thumb, index and ring trigger fingers, left shoulder impingement syndrome, status post right hand surgery on October 2012, cervical strain and overuse right hand. The treatment plan included letter of appeal for recommended physical therapy and occupational therapy 2 times a week for 3 weeks right hand especially long finger and neck, Vicodin and Ibuprofen. The provider noted that the injured worker needed a Dragon dictation system to alleviate overuse of right hand with keyboard work. Disability status included modified work. According to a partially legible handwritten progress report dated 08-21-2013, the injured worker went back to work and did a lot of typing and had pain in the bilateral hands. She stopped work on July 27th. Numbness was noted in the left middle and right middle finger. Pain in right middle finger was noted. Decreased sensation in the right and left ginger was noted. No triggering of fingers was noted. The treatment plan included physical therapy 2 x week x 6 weeks. She was to remain off work. A prescription for physical therapy 2 times per week x 6 weeks dated 08-21-2013 was submitted for review. An authorization request dated 08-22-2013 was submitted for review. The requested

services included physical therapy evaluation x 12. On 08-30-2013, Utilization Review modified the request for physical therapy for the bilateral hands and fingers quantity 12.

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

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

#### **Physical Therapy, bilateral hands/fingers QTY: 12.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 9th Edition (web) Physical/ Occupational Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The records indicate the patient has chronic hand and finger pain dating back to 2002. The current request for consideration is Physical therapy bilateral hands/fingers QTY: 12. According to the UR reviewer, after peer to peer phone conversation, the attending physician stated the patient suffered a flare up after returning to work. The CA MTUS does recommend physical therapy for chronic pain during exacerbations, at a decreasing frequency and a transition into home-based exercise. The CA MTUS recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, while the patient may benefit from a brief course of physical therapy, the current request exceeds the specified number of sessions recommended in the guidelines. Furthermore, additional physical therapy beyond 6 sessions may be indicated but only with objective documentation of functional improvement. The current request for 12 sessions of physical therapy is not medically necessary as it exceeds guideline standards.