

<b>Case Number:</b>	CM14-0194175		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Internal 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 (IW) is a 43-year-old right hand dominant man who was injured on April 23, 2013 when he was using a four-inch drill that kicked back. He is diagnosed with right wrist pain, right hand osteoarthritis and right thumb basal joint synovitis. He is being treated for enthesopathy of the right thumb. The IW underwent shoulder surgery in 2014. Pursuant to the progress note dated October 21, 2014 (by the hand surgeon), the IW complains of pain at the radial aspect of the wrist, particularly with pinching and gripping. He has used wrist splints, but not thumb Spica splints. Physical examination of the right thumb reveals significant tenderness at the carpometacarpal joint and pain with motion, but no grind. X-rays reveal no joint space narrowing at the right thumb basal joint. MRI reveals tendonitis only, no structural damage. The provider reports that the IW has not yet begun therapy. He continues with his splints and anti-inflammatories. The current request is for 12 sessions of physical therapy for the right thumb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the right thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, 12 sessions of physical therapy to the right thumb are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing the physical therapy). The Official Disability Guidelines enumerate the frequency and duration for physical therapy according to the specific anatomical region that requires treatment. In this case, the injured worker is 43 years old with a date of injury April 23, 2013. The progress note dated October 21, 2014 indicates there was tenderness over the thumb basal joint. The patient indicates he has not received any physical therapy to date. Although physical therapy is indicated, a six visit clinical trial is indicated to see if the patient is moving in a positive direction, no direction or negative direction prior to authorizing additional physical therapy sessions. Consequently, 12 sessions of physical therapy to the right thumb are not medically necessary.