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| <b>Case Number:</b>   | CM14-0196032 |                              |            |
| <b>Date Assigned:</b> | 12/04/2014   | <b>Date of Injury:</b>       | 01/29/2014 |
| <b>Decision Date:</b> | 01/21/2015   | <b>UR Denial Date:</b>       | 10/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/24/2014 |

### 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 Occupational 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:

Injured worker (IW) sustained an industrial injury on 01/29/14 when a heavy mold was dropped on his left hand. X-rays were negative. He was diagnosed with left thumb sprain/strain. He was improved in May 2014 and was released to regular duty. However, he returned shortly thereafter with complaints of recurrent left hand/wrist pain and triggering of the left thumb. He was placed on work restrictions. A left thumb injection was requested but there is no documentation that this was performed. He changed primary treating physicians (PTP) in July and was diagnosed with metacarpophalangeal (MCP) joint sprain/strain and trigger thumb. He completed a course of physical therapy, with improvements in grip strength, left wrist range of motion, and function with activities of daily living. 10/21/14 office note documented complaints of constant pain in the left wrist/hand and popping/locking in the left thumb. On exam left thumb range of motion was limited and spasm and tenderness were present in the left thumb/hand. Tinel test was positive in the left wrist over the carpal tunnel and Guyon's canal. Left grip strength remained limited. Provider stated IW "...has completed 14 sessions of physical medicine and has not shown any functional improvement and has reached a plateau." Treatment plan included work hardening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 Times a Week for 2 Weeks to The Left Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, 278, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Discussion of Physical Therapy

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommends up to 10 PT sessions for treatment of myalgia/myositis or neuralgia/neuritis. The 14 PT sessions documented to have been completed to date exceed MTUS recommendations. Since the IW's documented conditions are not completed encompassed by MTUS Chronic Pain guidelines, other sources were also consulted. ACOEM's Occupational Medicine Practice Guidelines 2004 edition Ch. 11 (Forearm Wrist and Hand Complaints) Table 11-4 (Methods of Symptom Control for Forearm, Wrist & Hand Complaints) supports the use of physical therapy (stretching, home exercises, hot/cold packs), but does not specify an optimum number of formal physical therapy visits. ODG Preface states: "(5) 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 a negative direction (prior to continuing with the physical therapy)." Based upon amount of therapy completed to date and 10/21/14 office note indicating that IW has plateaued with skilled therapy, medical necessity is not established for the requested additional therapy.