

<b>Case Number:</b>	CM14-0200521		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 29-year-old female with an injury date of 01/29/2013. Based on the 09/15/2014 progress report, the patient complains of left shoulder pain and left wrist pain. There is increase in numbness on the 4th and 5th fingers. She is having off and on swelling and indicates that there is shooting pain that is radiating to the fingers and up the forearm. Her left elbow is sore, and there is tenderness with bearing. On the left thumb, there is pain and there is shooting pain with overuse. She also says she has stiffness. The patient has a positive Tinel's and a positive Phalen's testing for the left wrist. The 10/13/2014 report states that the patient has a painful numb feeling in the wrist with tenderness into the hand and fingers and thumb. The patient has a positive Finkelstein's test. The 10/23/2014 report indicates that the patient has tenderness to pressure over the medial left elbow. She has a reduced sensation in the left ulnar nerve distribution. Sensation is also reduced in the bilateral median nerve dermatomal distribution. The patient's diagnoses include the following: Ulnar nerve lesion (left).Carpal tunnel syndrome (bilateral).De Quervain (bilateral).Overuse syndrome, left upper extremity.Tendinitis, left shoulder.Carpometacarpal joint inflammation, left thumb.Cubital tunnel syndrome, elbow.Tendinitis extensor carpi ulnaris, left wrist.Tendinitis, left shoulder.Carpal tunnel syndrome, left wrist.De Quervain's tendinitis, left wrist.The utilization review determination being challenged is dated 11/13/2014. Treatment reports were provided from 02/18/2014 - 10/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 visits of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the 10/23/2014 progress report, the patient presents with a constant shooting left wrist pain that radiates to her left hand, left side of her neck, left shoulder, and elbow, with associated numbness and tingling sensation in her left ring and little finger. The request is for 12 visits of physical therapy for the hands. Review of the reports does not show any prior physical therapy the patient may have had. MTUS page 98, 99 have the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Therefore, the request for 12 visits of physical therapy is not medically necessary and appropriate.