

<b>Case Number:</b>	CM15-0003022		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 03/11/2013. A mechanism of injury was not included. Her diagnoses included bilateral wrist extensor tenosynovitis, bilateral carpal tunnel syndrome, and bilateral forearm tendinitis. Her treatments have included physical therapy, activity modification, heat and cold, stretching, a TENS unit, medication, physical therapy, and a home exercise program. Diagnostic studies have included an MRI of the right wrist performed on 08/21/2014 that revealed extensor tenosynovitis in the right wrist. Her surgical history was not included. The progress report dated 12/18/2014 documented the injured worker had complaints of pain, swelling, and numbness in the wrists and hands. The physical exam findings included extensor tenosynovitis of the dorsal compartments, which was most pronounced at the fourth dorsal compartment bilaterally. The Finkelstein's test was equivocal on the right and negative on the left. The Tinel's sign was positive at the carpal tunnels bilaterally. The Phalen's test was positive on the left and negative on the right. Sensation was diminished in the median nerve distribution in the left hand. Her medications included naproxen 550 mg, Prilosec 20 mg, and tramadol ER 150 mg. Her treatment plan included notation that the injured worker had failed to respond to a prolonged course of splinting, rest, therapy, and medications. She continued with classic clinical findings for carpal tunnel syndrome despite her negative electrodiagnostic studies. She continued with significant extensor tenosynovitis of the fourth dorsal compartments. The left carpal tunnel release and fourth dorsal compartment extensor synovectomy would be scheduled on an outpatient basis. Continue with nonsteroidal anti-

inflammatory medications and narcotic pain medications for breakthrough pain. The rationale for the request was not included. The Request for Authorization form was not included.

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

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

#### **6 Physical Therapy Visits for the Right Hand/Wrist (3 times a week for 4 weeks): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** The request for 6 physical therapy visits for the right hand/wrist (3 times a week for 4 weeks) is not medically necessary. The injured worker was seen for 10 out of 12 authorized physical therapy sessions and completed them on 09/18/2014. It was indicated the injured worker had been approved for left wrist surgery. However, the documentation submitted for review does not include details of that surgery. There is also a lack of documentation regarding objective functional improvement from the previous surgery. The California MTUS Guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines also recommend postsurgically 14 visits with 1 half of the number of visits specified in the general course of therapy for the specific surgery, which would mean an initial course of therapy of 7 visits. The documentation submitted for review does not indicate the injured worker has had the extensor synovectomy. Therefore, without documentation regarding objective functional improvement from previous physical therapy and how many visits she participated in for that therapy, or exceptional factors to justify the additional supervised visits over participation in a home exercise program, this request is not medically necessary.