

<b>Case Number:</b>	CM15-0137131		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 58 year old male, who sustained an industrial injury on 9/01/1999. Diagnoses include status post repeat left carpal tunnel release, left Guyon's canal release and left trigger thumb release, bilateral trigger thumb and status post right trigger thumb release. Treatment to date has included multiple surgical interventions as well as conservative treatment consisting of physical therapy, diagnostics and medications. Current medications include Tramadol and Motrin. Per the Primary Treating Physician's Progress Report dated 6/12/2015, the injured worker reported bilateral wrist, thumb and hand pain, left worse than right. She reports that her thumb pain has recently flared up. Physical examination revealed tenderness over the base of the right and left thumbs. There was tenderness over the volar aspect of the left wrist, positive Finkelstein's sign over the bilateral wrists, and increased left wrist pain upon the extremes of all ranges of motion. The plan of care included medication management and additional physical therapy. Authorization was requested for outpatient physical therapy to the bilateral thumbs and left wrist (2x4).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy (PT) to the bilateral thumbs and left wrist two (2) times per week for four (4) weeks, QTY: 8: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, outpatient physical therapy to the bilateral thumbs and left wrist two times per week times four weeks (#8 sessions) is 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 with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post repeat left carpal tunnel release, left Guyon's canal release and left trigger thumb release; bilateral trigger thumb; and status post right trigger thumb release. The date of injury is September 1, 1999. Request for authorization is June 19, 2015. The physical therapy progress note dated February 4, 2015 shows the injured worker completed three out of eight physical therapy sessions. A progress note dated June 12, 2015 indicates the injured worker complained of a flare symptoms involving the bilateral wrists, hands and thumbs left greater than right. The documentation does not indicate the total number of physical therapy sessions over the 16 years since the date of injury. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Consequently, absent clinical documentation with the total number of physical therapy sessions to date, objective functional improvement of prior physical therapy and compelling clinical facts indicating additional physical therapy is indicated, outpatient physical therapy to the bilateral thumbs and left wrist two times per week times four weeks (#8 sessions) is not medically necessary.