

<b>Case Number:</b>	CM15-0182306		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/26/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Arizona, 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:

This is a 50-year-old female worker with a date of injury 4-26-2014. The medical records indicated the injured worker (IW) was treated for contracture - hand, small finger, status post left small finger extensor tenolysis with capsular release and collateral releases; and cubital tunnel syndrome, left. In the 9-8-15 progress notes, the IW reported pain in the extensor surface of digit #5 extending back to the dorsum of the wrist. She could almost make a full fist. Pain could get as high as 7 to 8 out of 10, but at rest the pain was minimal. In an earlier report (7-28-15), she reported she felt overall 30% to 40% better. Objective findings on 9-8-15 included slight to moderate tenderness in the left #5 digit and dorsum of the hand. There was muscle guarding and, or active trigger points +3 in nature in the surrounding lateral epicondylar musculature. Mill-Cozens test was positive, indicative of lateral epicondylitis. Ranges of motion were still slightly limited; with digit #5 flexion there was sharp pain on the dorsum of the digit and wrist at end-range. Since her last visit, her status was in changed: range of motion was stated to be slowly improving; strength was within functional limits; and pain was slowly improving. Treatments included medications (Vicodin and Motrin), Kinesiotape, bracing, ice and heat, home exercises, physical therapy (at least 16 sessions), paraffin bath and left ring and small finger surgery (3-17-15). The treatment plan was for continued current medications, continued physical therapy, continued home exercises, and continued use of her brace and paraffin baths. A Request for Authorization was received for physical therapy, twice a week for four weeks, for the left hand and wrist (eight sessions), per 09/08/2015 order. The Utilization Review on 9-11-15 non-certified the request for physical therapy, twice a week for four weeks, for the left hand and wrist(eight sessions), per 09/08/2015 order, as the need to return to formal supervised therapy was not established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x4 for the left hand/ wrist Qty: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** In this case, the claimant received at least 12 sessions of therapy post-operatively. The post- surgical guidelines allow for up to 18 visits over 4 months. Other guidelines recommend under 8-10 sessions with additional sessions to be completed at home. There is no indication that the claimant cannot complete the additional therapy at home. In addition, there is no indication for beyond 18 sessions. The claimant had surgery over 4 months ago. The request for 8 additional sessions of therapy exceed the guidelines amount and is not medically necessary.