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| <b>Case Number:</b>   | CM15-0203626 |                              |            |
| <b>Date Assigned:</b> | 10/20/2015   | <b>Date of Injury:</b>       | 01/11/2013 |
| <b>Decision Date:</b> | 12/16/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2015 |

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old male who sustained an industrial injury on January 11, 2013. The worker is being treated for: left thumb laceration, tenosynovitis, pain, left radial nerve sensory neuropathy of thumb, and carpal tunnel syndrome. Subjective: September 24, 2015 reported chief complaint of left thumb with persistent pain. "The cortisone injection was not helpful." He has not attended physical therapy. He is not working at this time. Objective: September 24, 2015 noted left hand sensation intact with light ouch in the digits; Tinel's is positive along with compression sign at left wrist. The left thumb demonstrates some stiffness with flexion of the IP joint; unable to fully adduct and oppose the thumb to the base of left small finger. There is noted tenderness over the volar aspect base of the thumb and thenar musculature. Diagnostic: MRI left thumb October 24, 2014, NCS EMG August 03, 2015. On September 24, 2015 a request was made for 8 sessions of physical therapy treating left thumb, and another 6 session and 2 sessions of physical therapy again for left thumb that were modified by Utilization Review on September 30, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 (8 sessions) for left thumb:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with neck, shoulder, wrist, and hand pain with numbness and tingling. The current request is for X-ray of the right knee. The treating physician states, in a report dated 08/28/15, request X-ray of bilateral knees. The MTUS guidelines are silent on radiography. ODG guidelines state, Recommended. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence. In this case, the treating physician, based on the records available for review, has failed to document any of the criteria listed above. As such, the current request is not medically necessary.