

<b>Case Number:</b>	CM15-0206141		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	07/13/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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:

The injured worker is a 37 year old male, who sustained an industrial-work injury on 7-13-15. A review of the medical records indicates that the injured worker is undergoing treatment for right thumb dislocation carpometacarpal joint, right wrist sprain, right hand sprain, lumbar strain, and left knee sprain. Treatment to date has included Nonsteroidal anti-inflammatory drugs, activity modifications, off work, at least 12 sessions of physical therapy and at least 12 sessions of occupational therapy. X-Ray of the right hand dated 7-13-15 reveals dislocation at the first carpometacarpal joint with adjacent ossified loose bodies suggesting a fracture without definite donor site visualized. There is extensive soft tissue swelling. There are few densities adjacent to the fifth phalanx that could represent tiny foreign bodies. X-ray of the left knee dated 7-13-15 reveals enthesophyte inferior patella. No fracture noted. X-ray of the right thumb dated 7-13-15 reveals improved alignment of the first carpometacarpal joint. There are small loose bodies noted suggestive of avulsion fracture and moderate soft tissue swelling. Medical records dated 8-7-15 indicate that the injured worker complains of upper back pain, low back pain, right shoulder pain, right wrist and hand pain and left knee pain. He reports continued hand pain and lack of strength in the first and second fingers of the right hand. He reports some improvements in all other body parts. Per the treating physician report dated 8-7-15 the injured worker has not returned to work. The physical exam reveals that there is right hand and wrist tenderness on the radial aspect, Finkelstein's maneuver is positive, there is decreased range of motion, he cannot abduct the thumb fully and decreased flexion and extension first and second fingers. The left knee reveals tenderness and decreased flexion. There is mild lumbosacral tenderness, decreased

range of motion and antalgic gait is noted. The physician indicates that the injured worker has incapacitating pain. The request for authorization date was 9-17-15 and requested services included additional Physical therapy x12 sessions to the right shoulder, left knee and low back and continued occupational therapy x12 sessions to the right thumb, hand and wrist. The original Utilization review dated 9-25-15 non-certified the request for included additional Physical therapy x12 sessions to the right shoulder, left knee and low back. The request for continued occupational therapy x12 sessions to the right thumb, hand and wrist was modified to 3 additional sessions with integration into a self-directed home exercise program (HEP).

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

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

#### **Physical therapy x12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Low Back. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter, Knee and Leg Chapter, Shoulder Chapter, Carpal Tunnel Syndrome Chapter Physical Therapy Guidelines.

**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.

**Decision rationale:** According to the guidelines, most conditions do not require more than 8-10 sessions of physical therapy with additional to be performed at home. The claimant had completed over an 84 day plan of physical therapy/occupational therapy and subsequently a recent 12 sessions of OT/PT. There was no indication that additional therapy cannot be completed at home. The request for additional physical therapy is not medically necessary.

#### **Continued occupational therapy x12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Low Back. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter, Knee and Leg Chapter, Shoulder Chapter, Carpal Tunnel Syndrome Chapter Physical Therapy Guidelines.

**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.

**Decision rationale:** According to the guidelines, most conditions do not require more than 8-10 sessions of physical therapy with additional to be performed at home. The claimant had completed over an 84 day plan of physical therapy/occupational therapy and subsequently a recent 12 sessions of OT/PT. There was no indication that additional therapy cannot be completed at home. The request for additional occupational therapy is not medically necessary.