

<b>Case Number:</b>	CM15-0209731		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

This 50 year old woman sustained an industrial injury on 12-13-2011. Diagnoses include status post left trigger thumb release, status post right carpal tunnel release with trigger thumb release and De Quervain's release, right thumb numbness with digital nerve injury, and left shoulder impingement syndrome. Treatment has included oral medications, shoulder injection, and surgical intervention. Physician notes dated 9-13-2015 show complaints of left thumb pain (improved since surgery), right thumb numbness, and left shoulder pain. The physical examination shows "decreased" sensation and range of motion of the right thumb without measurements and decreased range of motion of the left shoulder with a positive impingement signs and weakness with left shoulder abduction. Recommendations include microvascular surgeon consultation, left shoulder surgery, physical therapy, and follow up in six weeks. Utilization Review denied a request for physical therapy on 9-24-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1x per week for 6 weeks to the left hand:** Upheld

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

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

**Decision rationale:** The most up to date records indicate the patient has complaints of ongoing left thumb pain, much better following trigger thumb release surgery, and also reports that therapy has been helpful. She also reports left shoulder pain and right thumb numbness. The current request for consideration is physical therapy 1 x per week for 6 weeks to the left hand. The progress report dated 8/28/15, page, offers no regarding the ongoing physical therapy request. Physical therapy is recommended as an option for thumb pain and post surgical trigger thumb release. Physical Medicine Guidelines "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks." In this case, it is noted that prior physical therapy has been recommended and 12 sessions were recommended as recently as 7/17/15. The records do not indicate when the surgery was performed. The records do not indicate how many sessions have been completed. There is no documentation of specific functional improvement noted in the records. Objective findings include a noted stating decreased range of motion of the left thumb. While the patient may be a candidate for additional physical therapy, the available records for review do not support exceeding the MTUS treatment guidelines without further documentation to disclose number of treatment sessions and documentation of functional improvement. As such, the request is not medically necessary.