

<b>Case Number:</b>	CM15-0027074		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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  
 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 59 year old female who sustained an industrial injury on 05/10/2013. Current diagnoses include sprain or strain right hand, finger and thumb, DeQuervains tenosynovitis, and osteoarthritis. Previous treatments included medication management, acupuncture, splint, home exercise program, right basal joint arthroplasty on 09/12/2014, and prior physical therapy. Report dated 10/28/2014 noted that the injured worker presented with complaints that included pain and swelling. Physical examination was positive for abnormal findings. Documentation submitted indicates that the injured worker was previously authorized for 12 visits of physical therapy, but the number of visits completed to date was not included. The utilization reviewer documented that the injured worker had completed 20 visits of physical therapy to date. Utilization review performed on 02/06/2015 non-certified a prescription for physical therapy, 8 sessions for the right hand/thumb, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right hand and thumb, QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 118-120.

**Decision rationale:** The patient presents with right hand and thumb pain. The request is for PHYSICAL THERAPY FOR RIGHT HAND AND THUMB QTY 8. Patient is status post right basal joint arthroplasty 09/12/14. Physical examination on 10/28/14 to the right wrist revealed tenderness to palpation to the radial wrist and base of thumb with numbness on the radial aspect of the right thumb and radial wrist. Right Finkelsteins, Phalen's and CMC grind tests were abnormal. Patient's treatments have included physical therapy and home based exercise program. Per 10/06/14 progress report, patient's diagnosis include sprain or strain right hand, finger and thumb and DeQuervains tenosynovitis, osteoarthritis, first CMC joint. Patient's medications, per 10/28/14 progress report includes Nabumetone. Patient's work status is permanent modified restrictions. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The MTUS post-surgical guidelines, Forearm, Wrist & Hand pages 18-20 states under Arthropathy, unspecified that for post-surgical treatment of arthroplasty/fusion, wrist finger 24 visits over 8 weeks are allowed. Patient is status post right basal joint arthroplasty 09/12/14. Physical examination on 10/28/14 to the right wrist revealed tenderness to palpation to the radial wrist and base of thumb with numbness on the radial aspect of the right thumb and radial wrist. Right Finkelsteins, Phalen's and CMC grind tests were abnormal. Patient's diagnosis include sprain or strain right hand, finger and thumb and DeQuervains tenosynovitis, osteoarthritis, first CMC joint. The request is for 8 sessions of physical therapy for the right hand and thumb. MTUS allows up to 24 post-surgical physical therapy visits over 8 weeks. However, per UR letter dated 11/13/14, patient had already completed 12 sessions of post-surgical physical therapy and was warranted an additional 12 sessions. Based on the 02/08/15 UR letter, patient has already completed 20 sessions of post-surgical physical therapy to her right hand and right thumb. The requested 8 sessions exceeds what is allowed per MTUS and therefore, it IS NOT medically necessary.