

<b>Case Number:</b>	CM15-0210496		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/07/2015
<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: 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 56 year old female, who sustained an industrial-work injury on 8-13-14. A review of the medical records indicates that the injured worker is undergoing treatment for left thumb carpometacarpal joint arthritis with pain. Treatment to date has included pain medication, diagnostics, bracing that was not effective, 12 visits of occupational hand therapy were authorized however 2 attempts were made by the organization to contact the injured worker with no reply back on letter dated 7-6-15, and physical therapy evaluation 9-28-15. Magnetic resonance imaging (MRI) of the left thumb dated 4-27-15 reveals moderate arthritic disease at the first carpometacarpal joint with lateral subluxation of the first metacarpal relative to the trapezium. There is altered signal and contour with laxity of the oblique ligaments and intermetacarpel ligament at the first carpometacarpal joint suggestive of high grade ligamentous sprain or partial tears. There is also distention of the first carpometacarpal joint seen compatible with synovitis with adjacent moderate sized ganglion cyst suggestive of injury to the joint capsule. There is also evidence of tenosynovitis flexor longus tendon. Medical records dated 7-24-15 indicate that the injured worker is for follow up related to left thumb carpometacarpal joint arthritis. The physician indicates that she wishes to close the case today. Per the treating physician report dated 4-10-15 work status is that she is released to work without any restrictions. The physical exam reveals that the left hand reveals pain at the carpometacarpal joint with a positive carpometacarpal joint grind test. The physician indicates that the injured worker is not interested in waiting for physical therapy to be approved, bracing was not effective and she declines proceeding with any injections. He also indicates at this point she has reached

maximum medical improvement. The requested services included Physical therapy 2-3 times a week for 4 weeks and X-ray of the left thumb. The original Utilization review dated 10-7-15 non-certified the request for Physical therapy 2-3 times a week for 4 weeks and X-ray of the left thumb.

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

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

#### **Physical therapy 2-3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the guidelines, therapy is indicated for initial education with subsequent exercise to be completed at home. In this case, the injury is chronic. There is no indication that additional exercises cannot be completed at home. In addition, no more than 8-10 sessions of therapy are recommended in the initial phase. The request for up to 12 sessions of therapy is excessive and medically unnecessary.

#### **X-ray of the left thumb: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the guidelines, x-rays are indicated for acute injuries and suspected fractures. It is not indicated for routine evaluation for chronic symptoms. In this case, the injury is chronic. There are no acute symptoms. The claimant had a prior MRI and x-rays. The request for the thumb x-ray is not medically necessary.