

<b>Case Number:</b>	CM15-0215688		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 71-year-old female, who sustained an industrial-work injury on 6-16-03. She reported initial complaints of pain to bilateral shoulders, bilateral wrists, neck, upper back, lower back, bilateral hands, and bilateral elbows. The injured worker was diagnosed as having bilateral impingement syndrome of the shoulders with small partial thickness tear of the right shoulder, right wrist carpal tunnel syndrome, status post release, bilateral wrist and forearm tendinitis, cervical disc protrusion C3-4, C5-6, C6-7, degenerative joint and disc disease of the cervical spine, degenerative disc disease of the lumbar spine, lumbar disc protrusion at L4-5 and L5-S1, right long finger mallot finger deformity. Treatment to date has included medication, cortisone injection, surgery (arthroscopic subacromial compression, right arthroscopic capsulectomy, right arthroscopic superior labral debridement, right arthroscopic partial rotator cuff debridement, right arthroscopic mini Mumford procedure, injection right shoulder of analgesic, application of four lead for interferential unit on 1-14-05). MRI results were reported on 6-7-15 of the lumbar spine that was unremarkable. MRI of the right shoulder on 8-4-13 noted focal tendinosis or small thickness tear in the supraspinatus tendon at the insertion site, acromioclavicular joint hypertrophy and arthrosis impinging the supraspinatus muscle at the musculotendinous junction, cyst in the lateral aspect of the right humeral head. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 4-27-05 was unremarkable. Currently, the injured worker complains of pain in neck that radiates to the arms with occasional numbness and pain in the low back. She is unable to take anti-inflammatories. She is not working. Per the primary physician's progress report (PR-2) on 10-13-15, exam noted

decreased range of motion, positive orthopedic testing and tenderness with palpation. Current plan of care includes bilateral hand therapy. The Request for Authorization requested service to include Bilateral Hand Therapy QTY 12. The Utilization Review on 10-28-15 modified the request for Bilateral Hand Therapy QTY 6.

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

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

#### **Bilateral Hand Therapy QTY 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and 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 based on Non-MTUS Citation Hand (Acute & Chronic), Physical Therapy, ODG Preface, Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks; Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Post-surgical treatment (open): 3-8 visits over 3-5 weeks". ODG additionally states, "Post surgery a home physical therapy program is superior to extended splinting. (Cook, 1995) This RCT concluded that there was no benefit in a 2-week course of hand therapy after carpal tunnel release using a short incision, and the cost of supervised therapy for an uncomplicated carpal tunnel release seems unjustified. (Pomerance, 2007) Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments". The request for 12 sessions is in excess of the guidelines. Therefore, the request is not medically necessary.