

Case Number:	CM15-0034983		
Date Assigned:	03/03/2015	Date of Injury:	06/02/2014
Decision Date:	04/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/24/2015

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:

The injured worker (IW) is a 47 year old female who sustained an industrial injury on 06/02/2014. She has reported right hand and left thumb pain. Diagnoses include right wrist sprain strain, right de Quervain's tenosynovitis and left thumb sprain/strain. Treatment to date includes twelve sessions of physical therapy with minimal progress. A progress note from the treating provider dated 02/06/2015 indicates the IW had no limitation with palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Phalen's sign was negative, Tinel's sign was positive. There was tenderness to palpation over the radial side of the right hand and the anatomical snuff box. Examination of the left wrist showed no limitation in palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Both Tinel's sign and Phalen's sign were negative, and there was no tenderness to palpation. Inspection of the right hand revealed no limitation in range of motion in all digits. There was enlargement of the MCP point of the thumb. There was tenderness to palpation over the proximal interphalangeal joint of the thumb, and Finkelstein's test was positive. On the left hand, there was enlargement of the MCP joint of the thumb, and the IW was unable to make a fist. There was no limitation of range of motion in the digits. Finkelstein's test was negative. The IW's grip strength was lightly diminished on the left wrist. The sensation was decreased over the thumb, index finger, middle finger and medial hand as well as the lateral hand on the right side and ring finger, little finger on the left. The treatment plan was for a MRI of the right wrist, and s-ray of the bilateral wrist and hands to assess further anatomic pathology. Ice packs were recommended, and a thumb Spica brace was to be used at night and for activities. The physical

therapy provider requested additional sessions of physical therapy for strengthening and to improve mobility. On 02/20/2015 Utilization Review non-certified a request for Physical Therapy for right wrist & hand, 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for right wrist & hand, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The patient presents with pain affecting the right hand and left thumb. The current request is for Physical Therapy for right wrist & hand, 12 visits. The treating physicians report dated 2/6/15 (22B) states, "Completed 12 sessions of PT. Per PT discharge note, patient has made minimal progress and is recommending additional Physical Therapy to improve mobility and strength." The report goes on to state, "NEW Request 12 additional sessions Physical therapy course is recommended to address the patient's right wrist and right hand with findings consistent with De Quervain's tenosynovitis, right wrist sprain/strain, and left thumb sprain/strain." The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. Medical reports provided, show the patient has received at least 12 previous sessions of physical therapy. In this case, the patient has received 12 visits of physical therapy to date and the current request of an additional 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, 12 sessions of physical therapy should have allowed the patient to establish a home exercise program. The medical reports provided noted that minimal progress was made with previous physical therapy and there was no rationale provided by the physician as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.