

<b>Case Number:</b>	CM15-0040608		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: 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:

This 24-year-old woman sustained an industrial injury on 9/11/2014. The mechanism of injury is not detailed. Evaluations include x-rays. The current diagnosis is De Quervain's tenosynovitis. Treatment has included oral medications, nine sessions of hand therapy, and use of a wrist splint. Hand surgical consultation notes dated 1/26/2015 show complaints of right wrist pain. Recommendations include thumb spica splinting, ice, anti-inflammatories, and hand therapy work restrictions and frequent breaks, and follow up in four weeks. Cortisone injection was recommended, however, the worker has refused this at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 2 times a week for 6 weeks for the right hand:** 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. Physical therapy is a recommended treatment under the following conditions: 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 exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has already received an unspecified number of physical therapy sessions for her hand. It would be anticipated that the patient has received instruction towards a self-directed home exercise program. The total number of requested sessions exceeds the above-cited MTUS guidelines. For these reasons, hand therapy 2 times a week for 6 weeks for the right hand is not considered as medically necessary. It should be noted that in the Utilization Review process, the request was modified to approve 2 sessions of hand therapy to allow for re-education towards a self-directed home exercise program.