

<b>Case Number:</b>	CM15-0058030		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 48-year-old female who sustained an industrial injury on 2/14/14. The mechanism of injury is unclear. She currently complains of progressive paresthesia in the median nerve distribution, pain and stiffness in the thumb and index finger, pain at the radial aspect of the wrist and pain in the ulnar aspect of the wrist. Her activities of daily living are limited and she has sleep disturbances. Medications are not specifically identified. Diagnoses include right carpal tunnel syndrome; right de Quervain's tenosynovitis, status post splinting and injection; right 1st and 2nd digit flexor tenosynovitis; right ulnar-sided wrist pain with possible ulnocarpal impaction and triangular fibrocartilage complex tear. Treatments to date include steroid injection into the 1st and 6th dorsal compartments with no sustained relief, therapy sessions, anti-inflammatories, braces. Diagnostics include x-rays (no date) revealing early diffuse bilateral hand degenerative joint disease; electrodiagnostics confirm moderate to severe carpal tunnel syndrome. No progress notes were available for review requesting hand therapy for the right hand 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 initial hand therapy 2 times 6 weeks for the right hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 initial hand therapy sessions two times per week from six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are right carpal tunnel syndrome; right DeQuervain's tenosynovitis status post splinting and injection; write first and second digit flexor tenosynovitis; and right older wrist pain with possible ulnocarpal impaction and TFCC tear. Pursuant to a progress note dated March 5, 2014, the injured worker Hudson's reparable to the radial aspect of the right wrist and the ulnar aspect of the wrist. The injured worker received 12 prior sessions of physical therapy. The request for initial right-hand therapy (12 sessions) is inaccurate based on prior physical therapy (12 sessions) authorized and received by the injured worker. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement with prior physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record warranting additional physical therapy. The treating provider is awaiting surgical authorization to proceed with operative treatment. Consequently, absent compelling clinical documentation with objective functional improvement with reference to the 12 prior physical therapy sessions and compelling clinical facts indicating additional physical therapy is warranted, 12 (initial) hand therapy sessions two times per week from six weeks is not medically necessary.