

<b>Case Number:</b>	CM15-0084844		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: 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 is a 73 year old female, who sustained an industrial injury on 03/08/2013. She has reported injury to the right hand. The diagnoses have included right tenosynovitis hand/wrist; and status post right first extensor release, sheath reconstruction, and second compartment release on 09/12/2014. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Tramadol. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in her thumb with extension along the course of the EPL (extensor pollicis longus) tendon; fatigue; pain in her proximal forearm in the extensor muscle group; resolution of pain at the intersection of the first and second compartment site and at the first extensor compartment site; and she has one remaining therapy session. Objective findings included extensor compartment muscle tenderness is present at the EDC (extensor digitorum communis) and ECRL (extensor carpi radialis longus) muscle bellies; palpation at the surgical sites demonstrates mild scar adherent, no significant scar ridging, and mild tenderness; pain is produced in the proximal forearm extensor muscles; and tight clenched fist produces pain in the forearm. The treatment plan has included the request for physical therapy two times a week for six weeks right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 Times A Week for 6 Weeks Right Hand: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2 Times A Week for 6 Weeks Right Hand is not medically necessary and appropriate.