

<b>Case Number:</b>	CM14-0107909		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 25-year-old gentleman was reportedly injured on August 20, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of right wrist and hand pain. The physical examination demonstrated swelling at the base of the right thumb at the MCP joint. There was a negative Finkelstein's test; neurological examination indicated decreased sensation at the right C5 through T-1 dermatomes. Diagnostic imaging studies were not reviewed during this visit previous treatment includes a right carpal tunnel release and six sessions of hand therapy. A request had been made for six sessions of hand therapy and was not certified in the pre-authorization process on June 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REMAINING 6 SESSIONS OF HAND THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 264, 266, 272,1. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Forearm, Wrist, & Hand (Acute & Chronic); (not including "Carpal Tunnel Syndrome") - Physical/Occupational Therapy (updated 08/08/14).

**Decision rationale:** According to the medical record(s) the injured employee has a general diagnosis of hand pain and wrist pain. The official disability guidelines would recommend nine visits of physical therapy for the hand for sprains and strains as well as synovits and tenosynovitis. The injured employee has already attended six visits in the efficacy of these visits is unknown. Considering the request for an additional six visits, this request for a remaining six visits of hand therapy is not medically necessary.