

<b>Case Number:</b>	CM14-0120009		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 34 year old female whose date of injury is 02/18/14. Per doctor's initial report of injury or illness dated 03/11/14, the mechanism of injury was described as due to repetitive use. Progress report dated 05/30/14 notes that the injured worker has a history of left wrist tendinitis. She states her pain has decreased significantly since the original injury. The injured worker uses a cock-up splint at night which has decreased her paresthesias. The injured worker has been working regular duty, taking 10-minute work breaks per hour. The injured worker has finished 12 of 12 physical therapy visits. They have offered to make a custom splint she can wear at work as the prefabricated one is too big for her wrist. Six additional physical therapy visits were requested. Electrodiagnostic testing performed 05/22/14 revealed no evidence of left carpal tunnel syndrome, cubital tunnel syndrome or cervical radiculopathy. The most recent progress report submitted for review is dated 07/15/14 and notes that the injured worker is having continued pain to the left hand and wrist. The injured worker states that she never learned any home exercises from the hand therapist, and she has not been doing any home exercise. The injured worker has started using a custom splint. Her primary pain is coming from the volar aspect of the left wrist and left thumb. On examination of the left hand/wrist there is no thenar atrophy. There is tenderness to palpation over the A1 pulley and flexor tendon sheath of the left thumb and has pain with resisted thumb flexion. There is no palpable triggering, but a nodule can be palpated over the flexor tendon sheath at the A1 pulley. Wrist range of motion is normal. The injured worker has a negative Finkelstein's and no tenderness to palpation over the dorsum of the wrist. Pain with resisted wrist flexion and extension is 5/5. Sensory and neurovascular are intact. Naprosyn 500mg 1 by mouth twice a day was dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Out patient physical therapy 2 times a week for 3 weeks to the left wrist.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Forearm, Wrist, Hand, Web Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Physical/ Occupational therapy

**Decision rationale:** Per ODG guidelines, up to 9 visits over 8 weeks may be indicated for sprains/strains of wrist and hand, with up to 12 visits over 8 weeks for tenosynovitis. The injured worker has completed 12 physical therapy visits to date. The injured worker is working regular duty with periodic breaks every hour, and she is using a custom splint. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration or number of visits. The injured worker states that she was not instructed in a home exercise program. While one or two physical therapy visits for instruction in and transition to a home exercise program may be appropriate, medical necessity is not established for outpatient physical therapy 2 times a week for 3 weeks to the left wrist.