

<b>Case Number:</b>	CM14-0126854		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 51-year-old female with an injury date of 09/03/13. based on the 07/25/14 progress reports provided by [REDACTED], the patient complains of right shoulder and right arm pain which radiates to her right wrist and hand rated 5/10. Physical examination revealed tenderness of the radial aspect of the right wrist. Right wrist range of motion demonstrates collection 10, extension 15 and radio/ulnar deviation 10. Positive Tinnel's sign on the right. EMG study revealed electrodiagnostic evidence suggestive of chronic cervical radiculopathy involving right right C5/C6 nerve roots. No electrodiagnostic evidence of peripheral neuropathy in the upper extremities. Patient medications include Tramadol, Naproxen and Omeprazole. Patient has not had physical therapy in review of medical records. Physical therapy to the hands has been requested in progress report dated 02/27/14 and MTUS guidelines were referenced. Patient is on modified duty. Diagnosis 07/25/14- disorders of bursae and tendons in the shoulder region, unspecified- other tenosynovitis of hand and wrist [REDACTED] [REDACTED] is requesting Physical Therapy 8 treatments to the right hand. the utilization review determination being challenged is dated 08/01/14. The rationale is "adequate assessment of the injured extremity not provided to determine any significant functional deficits. It is unclear if the patient had any previous physical therapy..." [REDACTED] is the requesting provider and he provided frequent reports from 02/27/14 - 07/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 treatments to the right hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The patient presents with wrist and had pain rated 5/10. The request is for Physical Therapy 8 treatments to the right hand. Her diagnosis dated 07/05/14 included tenosynovitis of hand and wrist and disorders of bursae and tendons in the shoulder region. Per treater report dated 07/25/14, EMG study revealed electrodiagnostic evidence suggestive of chronic cervical radiculopathy involving right right C5/C6 nerve roots. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."Physical therapy to the hands has been requested in progress report dated 02/27/14. Based on the utilization review letter dated 08/01/14, "adequate assessment of the injured extremity not provided to determine any significant functional deficits. It is unclear if the patient had any previous physical therapy..." Physical examination dated 07/25/14 showed Positive Tinnel's sign on the right wrist and patient had a diagnosis of tenosynovitis of hand and wrist. Patient has not had physical therapy in review of medical records. The request appears reasonable and within guideline indications. The request is medically necessary and appropriate.