

<b>Case Number:</b>	CM14-0133323		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for wrist, elbow, hand, neck, and shoulder pain reportedly associated with an industrial injury of August 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier right carpal tunnel release surgery; earlier right cubital tunnel release surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 10, 2014, the claims administrator denied a request for 30 sessions of postoperative physical therapy outright. The claims administrator noted that the attending provider was planning to pursue radial and ulnar intrinsic release procedures to the index finger, long finger, ring finger, and small digits. The claims administrator invoked the postsurgical treatment guidelines on flexor tendon repair surgery/tenolysis procedures. The overall rationale was sparse to negligible. It was not clearly stated why the request was being denied. The claims administrator stated that it was basing its decision on an August 7, 2014 RFA form. In a progress note dated March 3, 2014, the applicant was kept off of work, on total temporary disability. It was stated that the applicant had ongoing pain and stiffness about the right hand, and was having difficulty making a fist. Visible stiffness was appreciated about the right hand on exam. The applicant was asked to undergo aggressive postoperative physical therapy for the hand and digits. The applicant was kept off of work, on total temporary disability. The attending provider stated that the applicant was pending right radial and ulnar nerve release about the index, long, ring, and small fingers. In an earlier handwritten note dated March 12, 2014, the applicant was again kept off of work, on multiple progress notes interspersed throughout 2014. In a June 19, 2014 progress note, the applicant was again placed off of work, on total temporary disability. Radial and ulnar intrinsic release procedures about the index, long, ring, small fingers followed by 30 sessions of physical therapy were endorsed. The

attending provider stated that the claims administrator failed to respond to his first request for the surgical procedure in question. On August 4, 2014, the attending provider acknowledged that the requested surgery had not been authorized. The attending provider renewed his request for surgery and postoperative physical therapy while placing the applicant off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-Operative PT (Physical Therapy) 30 (5 times weeks for 3 weeks, reduced to 3 times a week for 3 weeks, reduced to 2 times a week for 3 weeks): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

**Decision rationale:** The applicant has not undergone the proposed surgical procedure, nor has authorization for the proposed surgical procedure issued. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. The 30-session course of treatment proposed, in and of itself, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that this recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has himself acknowledged that the applicant has developed various residuals of the earlier carpal tunnel release procedure. Significant physical impairment including stiffness about the injured hand, wrist, and digits persists. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.