

<b>Case Number:</b>	CM14-0145580		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 & Rehabilitation 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:

Patient is a 59-year-old female who has submitted a claim for de Quervain's disease, complex regional pain syndrome, bilateral wrist degenerative changes, left second and 4th compartment tenosynovitis, right 1st compartment tenosynovitis, and right index PIP joint volar plate injury associated with an industrial injury date of 12/27/2012. Medical records from 2014 were reviewed. Patient complained of persistent pain, weakness, loss of mobility, numbness, and loss of dexterity of the left hand and fingers, worse at the right. She likewise experienced neck pain, aggravated by sustained or repetitive activities. Pain was rated 4/10 in severity. Physical examination showed a purplish / dusky discoloration of right hand and fingers. There was a significant mottled vascular pattern of her right forearm and hand. Range of motion was restricted and painful. Tinel's sign was positive bilaterally. Treatment to date has included right diagnostic sympathetic ganglion block on 06/19/2014, 100 sessions of physical therapy (per utilization review), chiropractic care, and medications. Utilization review from 08/13/2014 denied the request for physical therapy 2 x 4 weeks to bilateral upper extremities because patient already completed 100 PT visits exceeding guideline recommendation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Physical Therapy sessions for the bilateral extremities:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient already underwent 100 sessions of physical therapy (per utilization review). However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. It was unclear why patient cannot transition into a self-directed home exercise program to address residual deficits given the extensive number of sessions completed. Therefore, the request for eight (8) Physical Therapy sessions for the bilateral extremities is not medically necessary and appropriate.