

<b>Case Number:</b>	CM14-0160738		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a - female who sustained a work injury on 11-2-11. Medical records reflect that on 11-27-13, the claimant underwent left carpal tunnel release. On 5-23-14, the claimant underwent release of first dorsal compartment with release of separate sub sheath for extensor pollicis brevis tendon and synovectomy of the first dorsal compartment. Office visit on 5-27-14 notes the claimant has negative Finkelstein. The claimant is to continue a home exercise program and anti inflammatories. She was to begin physical therapy. Office visit on 8-18-14 notes the claimant had significant improvement post the deQuervain's release, but has worsening symptoms to the right. It was recommended the claimant be provided with a thumb Spica splint, cortisone injection and physical therapy to the right side. Office visit on 9-11-14 notes the claimant reported no improvement post the right thumb injection. She has failed non operative treatment including physical therapy, anti inflammatories, activity modification and cortisone injection. Surgery was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x a week x 6 weeks for the right hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter - physical therapy

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided with physical therapy and noted that she has failed this form of treatment. Therefore, the medical necessity of this request is not established. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture.