

<b>Case Number:</b>	CM14-0086551		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Family 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:

This is a female patient who reported an industrial injury on 9/3/2013, 13 months ago, attributed to the performance of her usual and customary job tasks reported as a slip and fall wall caring a box of lemons landing on her right outstretched hand. The patient was subsequently treated at [REDACTED] and x-rays were negative. The patient was diagnosed with a right thumb sprain/contusion. The patient has remained off work since the date of injury. The patient was previously treated with occupational therapy; physical therapy; activity modification; splints; and NSAIDs/analgesics. The patient complained of right wrist/hand pain; right shoulder pain; cervical spine pain with upper extremity symptoms; and low back pain. The patient currently complains of swelling and weakness in the hand and pain to the right wrist and thumb. The objective findings on examination included full range of motion of the upper extremities; mild trapezius and Paris scapular tenderness on the right; slight volar forearm and volar wrist tenderness on the right; slight tenderness over the scapholunate interval partially at the right wrist; slight thumb CMC tenderness on the right; no tenderness or instability at the right thumb MP joint; Tinel's sign and Phalen's test negative in the carpal tunnels; tendons are intact; neurovascularly intact distally. The treating diagnoses included chronic right wrist and thumb sprain; rule out intercarpal ligament injuries; right forearm strain/tendinosis; trapezius and Paris scapular strain. The treatment plan included MRI scan of the right wrist for a possible intercarpal ligament injury; NSAIDs; and occupational therapy 2x6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional occupational therapy 2 x 6 to right elbow/wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 235; ; Revised 2007 33-34; 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow chapter-physical therapy; forearm hand and wrist chapter physical therapy; carpal tunnel syndrome chapter physical therapy

**Decision rationale:** The request for 2x6 additional sessions physical therapy after the provision of 12+ sessions of PT/OT with no documented physical findings to support medical necessity is in excess of the number of sessions of physical therapy recommended by the CA MTUS. The patient has received a significant number sessions of physical therapy in relation to this industrial claim. The treatment request has exceeded the number of sessions of PT/OT recommended by evidence-based guidelines for the elbow and wrist for the diagnoses documented to the right elbow and wrist. The patient has also received 12+ sessions of physical therapy directed to the right hand and elbow. The patient is documented to have full range of motion and normal strength to the right hand and elbow. There is no demonstrated muscle atrophy or weakness to support the medical necessity of additional sessions of PT. There is no objective evidence provided by the treating physician to support the medical necessity of the additional 2x6 sessions of physical therapy as opposed to a self-directed home exercise program. The examination and objective findings documented failed to demonstrate any areas of significant pain, weakness, or restricted range of motion attributed to the industrial injury. The request is in excess of the recommendations of evidence-based guidelines. The CA MTUS recommends eight (8) sessions of physical therapy for the treatment of the elbow for the diagnosis of lateral epicondylitis; ten (10) sessions for shoulder strains or bursitis and wrist sprain/strains; and 3-5 sessions of physical therapy for carpal tunnel syndrome with integration into a home exercise program. The CA MTUS recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS for the treatment of the shoulders; elbows; and wrists over timely integration into a self-directed home exercise program for additional strengthening and conditioning. There is no provided subjective /objective evidence provided that demonstrates the further use of physical therapy is leading to functional improvement. There is no demonstrated medical necessity for the provision of the treatment modalities requested to be obtained concurrently. The patient should be in a self-directed home exercise program for further conditioning and strengthening.