

<b>Case Number:</b>	CM14-0218117		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 57 year old male sustained a work related injury on 04/10/2014. According to a Comprehensive Orthopedic Evaluation dated 08/05/2014, the claimant first developed problems in his hands in 2013 described as weakness. Treatments have included hand splints, medication and occupational therapy. Despite treatment, weakness in the hands increased. He also developed some muscle cramping in the shoulders and legs. Present complaints included weakness when he attempted to pinch the thumb and index finger together and was worse on the right than left. It was difficult to cut with a knife and use chopsticks or cook in a wok. His fingers developed cramping and occurred in the middle of the night. He had difficulty using a key to open a door. He could not zip his pants, squeeze a bottle or brush his teeth. Examination of the shoulders showed full range of motion. Examination of both hands showed no atrophy of the first dorsal interosseous muscles. He had full range of motion of all fingers. There was a positive Froment test when he attempted to pinch the index finger to the thumb. This appeared on both hands, worse on the right than the left. There was negative Tinel's sign over the cubital tunnel bilaterally and a negative Tinel's sign over Guyon's canal and over the carpal tunnel. There was full range of motion of both wrists. Sensation was normal in the distribution of the radial, ulnar and median nerves. The provider's impression was noted as bilateral ulnar neuropathy, worse on the right. Repeat Electromyography and Nerve Conduction Velocity Studies were ordered. According to a progress note dated 09/26/2014, the provider noted that the injured worker had Electromyography and Nerve Conduction Velocity Studies that revealed mild right carpal tunnel syndrome. Physical examination revealed persistence of the intrinsic

muscle atrophy. Impression included right hand intrinsic muscle atrophy of uncertain etiology. It did not appear the carpal tunnel syndrome was severe enough to be causing this problem. The provider noted that he may have to send the injured worker to a muscular dystrophy type specialist in the future. Treatment plan included physical therapy for strengthening the intrinsic if that is possible. A Request for Authorization dated 11/21/2014 was submitted for review. Diagnosis was bilateral ulnar neuropathy, worse on the right. Treatments requested included referral for evaluation and treatment with a neurologist and physical therapy 2x 6. On 12/03/2014, Utilization Review non-certified the request for 12 physical therapy sessions for the left ulnar 2 times a week for 6 weeks as an outpatient. The request was received on 11/21/2014. According to the Utilization Review physician, there was no clear detail provided why physical therapy was being requested at this point for the right ulnar region and what specific functional goals are to be achieved. There was also no mention of any specific right ulnar problem occurring objectively on physical exam to support the need for the request physical therapy and rather physical exam findings were vague with only mention of some intrinsic muscle atrophy. Guidelines cited for this review included CA MTUS ACOEM Guidelines 2nd edition, chapter 11 forearm, wrist and hand complaints regarding initial care; Official Disability Guidelines, Section Forearm, Wrist and Hand (Acute & Chronic) regarding physical therapy. The decision was appealed for an Independent Medical Review.

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

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

**12 Physical Therapy for The Left Ulnar 2 Times A Week for 6 Weeks, As An Outpatient:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

**Decision rationale:** This 58 year old male has complained of bilateral wrist and hand pain, right greater than left, since date of injury 4/10/14. He has been treated with physical therapy and medications. The current request is for 12 Physical Therapy sessions for the left ulnar 2 times per week for 6 weeks, as an outpatient. The available provider records do not provide any medical rationale for the stated request. On the basis of the available provider documentation and per the MTUS guidelines cited above, 12 Physical Therapy sessions for the left ulnar 2 times per week for 6 weeks is not indicated as medically necessary.