

<b>Case Number:</b>	CM14-0058780		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 56 year old female with an injury date of 01/10/11. As per progress report dated 03/21/14, the patient is status post left de Quervain's release. In progress report dated 02/18/14, the patient complains of pain in left wrist, both shoulders, neck and elbows. The patient also has right forearm pain and numbness of fingers on both hands. She is unable to sleep through night secondary to pain and discomfort. In progress report dated 01/23/14, the patient rates her pain at 6-9/10. Physical examination, as per progress report dated 01/23/14, reveals tenderness to palpation and spasms in the paracervical muscles along with tenderness in C3 to T1 facet joints bilaterally. The range of motion is reduced to 50%. Medications, as per progress report dated 02/20/14, include Naproxen and Ultram. The patient also underwent diagnostic arthroscopy, subacromial decompression of the shoulder, major synovectomy, major debridement and AC joint cartilage excision on 02/20/13, as per the operative report. MRI of the Right Shoulder, 04/02/12, as per progress report dated 01/23/14:- Moderate tendinosis/tendinopathy of the supraspinatus and infraspinatus tendons- Moderate narrowing of the subacromial space secondary to laterally downsloping acromion and hypertrophic degenerative changes of the AC joint- Moderate to severe arthropathy of the supraspinatus muscle- Mild feeling cellulitis of the tendon of the long head of the biceps muscle- Mild degenerative changes of the glenohumeral joint- Degenerative subcortical cystic change within the superolateral humeral head MRI of the Left Shoulder, 04/02/12, as per progress report dated 01/23/14:- Moderate tendinosis/tendinopathy of the supraspinatus tendons- Moderate narrowing of the subacromial space secondary to laterally downsloping acromion and hypertrophic degenerative changes of the

AC joint- Mild supraspinatus peritendinitis or bursitis- Mild tenosynovitis of the tendon of the long head of the biceps muscleMRI of the Cervical Spine, 04/02/12, as per progress report dated 01/23/14:- C2-3 and T12-C1 significant abnormalities- 2 mm posterior disc protrusions of C2-3 and C6-7- 2 mm posterior disc protrusions at C5-6 with mild central canal stenosis the neural foramina bilaterallyDiagnoses, 01/23/14:- Cervical disc bulges- Cervical facet pain- Cervicalgia- Bilateral shoulder arthropathy- Bilateral epicondylitis- Bilateral Dequervains; Bilateral Ulnar carpal and radial carpal joint pain- Myofascial painThe utilization review determination being challenged is dated 04/02/14. Treatment reports were provided from 02/20/13 -05/30/14.

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

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

**Physical therapy, two sessions per week for eight weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical guidelines, Forearm, Wrist, & Hand Page(s): 18-20.

**Decision rationale:** The patient is status post left de Quervain's release, as per operative report dated 02/27/14. The request is for PHYSICAL THERAPY, TWO SESSIONS PER WEEK FOR EIGHT WEEKS. In progress report dated 02/18/14, the patient complains of pain in left wrist, both shoulders, neck and elbows. The patient also has right forearm pain and numbness of fingers on both hands. MTUS guidelines pages 18 to 20 recommend postsurgical treatment of 14 visits over 12 weeks for Radial styloid tenosynovitis (de Quervain's). The postsurgical physical medicine treatment period is 6 months. In this case, the patient is status post left de Quervain's release, as per operative report dated 02/27/14. In progress report dated 03/21/14, the treater is requesting for post-operative physical therapy. The Request for Authorization form is dated 03/25/14 indicating that the patient is within the post-operative time frame. The UR has modified the request to 14 visits which is in accordance with the MTUS guidelines. Additional sessions will require a documentation of improvement in pain and function. Hence, the treater's request for 16 sessions IS NOT medically necessary.