

<b>Case Number:</b>	CM15-0174490		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/07/2010
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 injured worker is a 31 year old female who sustained an industrial injury on 2-7-10 when her right hand was crushed resulting in immediate right hand and wrist pain. She has been off work since 12-14-12. Diagnoses included right wrist de Quervain tenosynovitis; status post right wrist surgery X3; status post right carpal tunnel release. She currently (6-12-15) complains of right elbow pain that has decreased, throbbing right wrist pain and right hand pain with tingling and weakness. She reports the pain is slightly better than last year. She has difficulty with activities of daily living such as brushing her teeth, combing her hair, difficulty with all hand activities. On physical exam of the right forearm there was mild tenderness to deep palpation, positive Finkelstein test and tenderness over the first extensor compartment; full range of motion of her thumb with good capillary refill to all digits; atrophy right upper extremity region. Treatments to date include medications: ibuprofen; surgical intervention. Of note, the progress notes from 2-11-11 to 7-29-14; physical therapy notes dated 3-3-11 to 11-20-13; independent medical exams dated 12-16-11 to 3-23-15; file reviews dated 12-28-10 to 4-13-11 and diagnostic studies dated 7-27-11 to 7-9-15 were not present. On 8-7-15 utilization review evaluated and non-certified the request for right wrist-hand therapy twice per week for six weeks based on no documentation of significant objective improvement from therapy and no explanation as to why she cannot continue rehabilitation on a home exercise program.

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

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

**Right wrist/hand therapy 2 times a week for 6 weeks (12 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Right wrist/hand therapy 2 times a week for 6 weeks (12 visits) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. The documentation is unclear of exactly how many prior PT sessions the patient has had and why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.