

<b>Case Number:</b>	CM15-0175653		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 05-10-2012. She has reported injury to the right upper extremity. The diagnoses have included right wrist pain; right carpal tunnel syndrome; right cubital tunnel syndrome without weakness; and right ulnar-sided wrist pain consistent with distal radioulnar joint degenerative joint disease and ulnocarpal impaction. Treatment to date has included medications, diagnostics, splinting, occupational therapy, and surgical intervention. Medications have included Vicodin and Nabumetone. A progress note from the treating physician, dated 08-06-2015, documented a follow-up visit with the injured worker. The injured worker reported significant ulnar-sided right wrist pain as well as gradual development of paresthesias in the ulnar nerve distribution; she had operative treatment consisting of a right TFCC (triangular fibrocartilage complex) ligament repair in 2013; and she reports partial improvement in her symptoms with the TFCC repair. Objective findings included well-healed portal sites and incisions about the ulnar aspect of the right wrist; her area of maximal tenderness is over the distal radioulnar joint dorsally; her second area of maximal tenderness is over the ulnocarpal joint with positive ulnocarpal grind; she also has tenderness over the cubital tunnel with positive Tinel and flexed elbow compression test with no first dorsal interossei weakness or atrophy; and x-rays reveal degenerative joint disease at the distal radioulnar joint on the right side with ulnar-positive variance of approximately 2mm. A hand evaluation, dated 08-13-2015, documented that the injured worker has moderate difficulty with activities of daily living, as well as pain with grip and pinch in the right hand. Hand therapy is recommended to reduce inflammation, pain, and swelling; to increase active-

passive range of motion; to increase grip-pinch strength; to increase functional use of the upper extremity; and to establish a home exercise program. The treatment plan has included the request for initial set of hand therapy, twice a week for six weeks. The original utilization review, dated 08-27-2015, non-certified a request for initial set of hand therapy, twice a week for six weeks.

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

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

**Initial Set of Hand Therapy, twice a week for six weeks: 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:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker is diagnosed with right carpal tunnel syndrome, cubital tunnel syndrome, and ulnar sided wrist pain. She had a triangular fibrocartilage complex (TFCC) repair in 2013 that provided some relief. Per available documentation, she was approved for and attended 16 prior sessions of occupational therapy in 2013 with the only stated benefit being a return of wrist motion. She continued to have right hand and wrist weakness that made it difficult to lift, grip, or grab objects. In light of the limited functional gains experienced with prior therapy, no recent change in symptoms and no new surgeries, there is no indication for 12 additional therapy sessions for the right hand and wrist. The request for initial set of hand therapy, twice a week for six weeks is determined to not be medically necessary.