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| <b>Case Number:</b>   | CM15-0065164 |                              |            |
| <b>Date Assigned:</b> | 04/20/2015   | <b>Date of Injury:</b>       | 01/05/2015 |
| <b>Decision Date:</b> | 05/20/2015   | <b>UR Denial Date:</b>       | 03/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/06/2015 |

### 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: Texas, Illinois

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 56-year-old female, who sustained an industrial injury on 01/05/2015. According to a progress report dated 03/20/2015, the injured worker continued to have pain in the right hand. Objective findings included no change: right hand still had mild tenderness to palpation over the dorsal aspect of the hand and the second digit, no edema, tenderness to palpation over the palm aspect of the right hand, intact motor sensory and good strength. Diagnoses included finger sprain/strain and hand sprain/strain. Treatment plan included additional physical therapy x 6 for the right upper extremity and EMG (Electromyography) /NCS (Nerve Conduction Studies) of the right upper extremity due to ongoing pain and decreased sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy x 6 for the Right Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome") Physical/ Occupational therapy.

**Decision rationale:** The injured worker sustained a work related injury on 01/05/2015. The medical records provided indicate the diagnosis of finger sprain/strain and hand sprain/strain. Treatment plan included additional physical therapy x 6 for the right upper extremity and of the right upper extremity due to ongoing pain and decreased sensation. The medical records provided for review do not indicate a medical necessity for Additional Physical Therapy x 6 for the Right Upper Extremity. The records indicate the injured worker has had at least 9 physical therapy visits. The MTUS recommends a maximum of 10 physical therapy visits plus home exercise program; the Official Disability Guidelines 9 visits over 8 week for sprains and strains of the hand and wrists. Therefore, the request is not medically necessary.

**EMG/NCS of the Right Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** The injured worker sustained a work related injury on 01/05/2015. The medical records provided indicate the diagnosis of finger sprain/strain and hand sprain/strain. Treatment plan included additional physical therapy x 6 for the right upper extremity and of the right upper extremity due to ongoing pain and decreased sensation. The medical records provided for review do not indicate a medical necessity for EMG/NCS of the Right Upper Extremity. The records indicate the injured worker is not following the recommendations of the doctor regarding work restrictions. The MTUS recommends that injured workers must work within their medical restrictions, and refuse unreasonable requests by coworkers and supervisors to function over their limitations in a way that could endanger their health or safety. Therefore, the request is not medically necessary.