

<b>Case Number:</b>	CM15-0094153		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 61-year-old female, who sustained an industrial injury on 9/01/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having tenosynovitis of the left radial styloid and left middle trigger finger. Treatment to date has included soft wrist splint with thumb support, occupational and physical therapy, home exercise program, and ice. Currently, the injured worker reports less frequent acute thumb pain after 6/9 sessions of myofascial therapy. Triggering of the left middle finger was significantly subsided. She continued to work on her home exercise program, as instructed by the physical therapist. She was taking no medication and working full duty. Exam of the left upper extremity showed mild soft tissue swelling at the radial aspect of wrist, mild tenderness over the first distal compartment, minimal triggering of the middle finger, active full range of motion to the middle finger and thumb, 5/5 strength, and intact sensation. The treatment plan included additional physical therapy x 6, for myofascial therapy, over 3 weeks. The PR2, dated 2/23/2015, noted that she had completed 10/10 sessions of occupational therapy, with discharge to home exercise program. The PR2, dated 12/29/2014, noted completion of 6/6 occupational therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy Qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Physical/Occupational Therapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG wrist pain and therapy pg 27.

**Decision rationale:** According to the guidelines, therapy is recommended for the wrist for up to 9 sessions for tenosynovitis. In this case, the claimant had completed at least 10 sessions of physical therapy. There is no indication that additional therapy cannot be completed at home. The request for 6 sessions of additional therapy is not medically necessary.