

<b>Case Number:</b>	CM15-0098313		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female who sustained a work related injury February 28, 2014. According to a primary treating physician's notes, dated April 29, 2015, the injured workers left dominant hand when scaling, requires the scaler to be manipulated by the thumb. She has experienced dystonia from prolonged use of dental tools causing cramping. The Topamax will be discontinued as this has caused paresthesias in her hands and face. She reports the pain in her hands raging 3-7/10, depending on the activity. Diagnoses are lateral epicondylitis at elbows, right more than left; carpal tunnel syndrome; thenar carpometacarpal joint dysfunction, bilateral, right more than left; DeQuervain's wrist tenosynovitis, left; occupation dystonia with hand cramping. At issue, is the request for authorization for hand therapy for 12 sessions, bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 12 sessions bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear if the patient has undergone previous therapy. If the patient has not undergone therapy previously, the currently requested 12 sessions exceeds the 6-visit trial recommended by guidelines. If the patient has undergone therapy previously, there is no documentation of objective functional improvement, and the number of sessions requested exceeds the maximum number recommended by guidelines for this patient's diagnoses. As such, the current request for physical therapy is not medically necessary.