

<b>Case Number:</b>	CM14-0144513		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 65 year old female with a date of injury on 9/27/2010. Diagnoses include trigger finger, radial styloid tenosynovitis, and carpal tunnel syndrome. Subjective complaints are of left thumb pain and shooting pain into her left hand and also right forearm pain. Physical exam shows left thumb with intact range of motion, bilateral elbow tenderness at the cubital tunnel, and a positive Tinel's test. There was tenderness over the 2nd and 3rd digit pulleys and no palpable nodule or triggering. The patient has had multiple surgeries on bilateral hands/wrist with the most recent being left thumb surgery on 4/9/13. The patient has completed a functional restoration program and has been recommended to continue physical therapy. Patient has had 32 previous physical therapy sessions, and 12 acupuncture sessions. Most recently the patient has completed 2/8 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xWk x 3Wks Bilateral Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, PHYSICAL THERAPY

**Decision rationale:** The ODG recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. The ODG recommends up to 12 visits over 8 weeks for radial styloid tenosynovitis, and 1-3 visits for carpal tunnel syndrome. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request for 6 additional physical therapy sessions exceeds guideline recommendations, and is not medically necessary.