

<b>Case Number:</b>	CM14-0007443		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral wrist pain reportedly associated with an industrial injury of December 27, 2012. The applicant has been treated with the following: Analgesic medications; attorney representation; electrodiagnostic testing of March 20, 2013, notable for a mild right-sided carpal tunnel syndrome; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; topical agents; and extensive periods of time off of work. In a Utilization Review Report dated December 11, 2013, the claims administrator denied a request for eight sessions of physical therapy to the bilateral wrists. The applicant's attorney subsequently appealed. In a progress note dated November 29, 2013, the applicant was asked to remain off of work, on temporary disability. The applicant was given diagnoses of wrist arthritis, wrist tenosynovitis, and carpal tunnel syndrome. The applicant was using Motrin and topical creams. 7-8/10 pain was noted. Both Medrox patches and flurbiprofen gel were renewed on this date. Additional physical therapy was subsequently sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 X 4 WEEKS FOR THE RIGHT AND LEFT WRIST:** 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 topic Page(s): 99.

**Decision rationale:** While page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, in this case, however, it was not clearly stated how much prior physical therapy treatment the applicant had had over the course of the claim. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant remains off of work, on total temporary disability, and remains highly reliant and highly dependent on various oral and topical medications, all of which, taken together, imply a lack of functional improvement as defined in MTUS despite completion of earlier physical therapy in unspecified amounts. The request for eight additional sessions of physical therapy is not medically necessary.