

<b>Case Number:</b>	CM14-0034203		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with an injury date of 12/31/12. Based on the 01/22/14 progress report provided by [REDACTED] the patient complains of bilateral hands/wrist pain and lumbar spine pain. She also has constant soreness with sharp pains radiating in to her middle fingers of her right hand/wrist. The patient has tenderness, swelling and weakness to the bilateral wrist as well as pain and tenderness to the lumbar spine. X-rays of the lumbar spine show loss of lumbar lordosis (no date indicated). On 12/02/13, the patient had a carpal tunnel syndrome of the right wrist. The 12/11/13 progress report by [REDACTED] states that the patient had throbbing pain in the right wrist. The treater did not provide a recent list of diagnoses post-surgery. [REDACTED] is requesting additional physical therapy three (3) times a week for four (4) weeks (12 total sessions) for the right wrist. The utilization review determination being challenged is dated 02/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/26/13- 03/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy three (3) times a week for four (4) weeks equals total of twelve (12) sessions for the right wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** According to the 01/22/14 report by [REDACTED], the patient complains of bilateral hands/wrist pain and lumbar spine pain. She also has constant soreness, with sharp pains radiating in to her middle fingers of her right hand/wrist. The request is for additional physical therapy three (3) times a week for four (4) weeks (12 total sessions) for the right wrist to regain joint mobilization and soft tissue mobilization to improve range of motion. The Postsurgical Guidelines recommend three to eight (3-8) visits over three to five (3-5) weeks for carpal tunnel syndrome. It is unclear how many sessions of therapy the patient has already had, or how the therapy impacted the patient. Nevertheless, the requested twelve (12) sessions of physical therapy exceeds what is recommended by the MTUS for this patient's condition. The request is not medically necessary.