

<b>Case Number:</b>	CM14-0037352		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/22/2008
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 & Rehabilitation 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 injured worker is a 58-year-old male who reported an injury on 02/22/2008 due to an unspecified mechanism of injury. On 02/21/2014, he reported right hand and wrist pain rated at an 8-9/10 with numbness and tingling, left hand, wrist and thumb pain rated at a 7/10 with numbness and tingling, right elbow pain rated at an 8/10, and neck pain rated at a 10/10 with the pain radiating down to the right upper extremity. A physical examination revealed JAMAR KG (a hand dynamometer) was left 3- 2- 2 and right was 15-13-11. The cervical spine showed muscle guarding and spasm, painful range of motion, and tenderness of the paraspinal musculature. The right elbow showed a healed incision, and range of motion to the wrist was 0 degrees to 125 degrees with extension and flexion. His diagnoses included carpal tunnel syndrome and sprain/strain of the neck. He was noted to be status post left wrist CMC interpositional arthroplasty performed on 02/08/2013 and status post right cubital tunnel release performed on 06/21/2013. His medications included Ultram 50 mg, and Prilosec 20 mg. Past treatments included surgery, epidural steroid injections, and physical therapy. The treatment plan was for 6 physical therapy visits for the right wrist and neck. The Request for Authorization Form was signed on 02/21/2014. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Physical therapy visits for the right wrist and neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** It was noted within the clinical documentation that the injured worker had attended physical therapy sessions; however, the site and the number of sessions attended was not provided. The California MTUS Guidelines state that physical medicine for myalgia and myositis unspecified is recommended for 9 to 10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis unspecified is recommended for 8 to 10 visits over 4 weeks. Treatment frequency should be faded plus self-directed home physical medicine should be implemented. Based on the clinical information provided, the injured worker had attended physical therapy; however, the number of sessions and treatment site is unclear. Without this information, additional physical therapy sessions cannot be supported. In addition, the documentation provided is lacking evidence of significant functional deficits to indicate a need for physical therapy of the right wrist and neck. The requested is not supported by the guideline recommendations as there is little documented evidence to support its necessity and efficacy. Given the above, the request is not medically necessary.