

<b>Case Number:</b>	CM14-0055291		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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:

Patient is a 45 year-old female with date of injury 09/19/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/17/2014, lists subjective complaints as pain and weakness in the right wrist. Objective findings: Examination of the right wrist revealed tenderness to palpation over the volar aspect and thenar eminence. Tinel and Phalen tests were positive. Range of motion of the wrist was normal to all planes without pain. Diagnosis: 1. Cervical strain 2. Tenosynovitis of right hand and wrist 3. Myofascial pain bilateral forearms 4. Severe carpal tunnel syndrome. Patient underwent an EMG which was consistent with right carpal tunnel syndrome. Patient has attended 21 sessions of physical therapy for the right wrist to date. There was no mention of functional improvement after the most recent round 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 for the right wrist 2 times a week for 4 weeks, QTY: 8 sessions:** Upheld

**Claims Administrator 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), Carpal Tunnel Syndrome Chapter and Physical Therapy Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Therefore the request is not medically necessary.