

<b>Case Number:</b>	CM14-0070238		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 and Pain 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 injured worker is a 53 Y/O female with date of injury of 12/15/12 due to repetitive motion while working as a CNA. She complains of pain, numbness and weakness in the arms, hands, legs and shoulders. She also has depression, headache, and poor sleep. Exam has showed tenderness over both wrists. Tinel and Phalen signs were positive bilaterally. The range of motion of the wrist was normal bilaterally. EMG / NCS showed borderline right carpal tunnel syndrome. Diagnoses include neck sprain, back sprain, lateral epicondylitis, right shoulder impingement syndrome and carpal tunnel syndrome. She presents with shooting pain to both legs along the posterior aspect of both legs and swelling in her neck, back, and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy Left-Right-Hands-Wrists 2x wk for 6 wks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist, & Hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

**Decision rationale:** As per CA MTUS guidelines, physical medicine 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. Per guidelines, up to 9 PT visits are recommended for wrist / hand sprain / strain over 8 weeks period. In this case, the medical records provided do not document the patient's prior history of treatment with regard to physical therapy. It is not clear when the patient last attended physical therapy and his response to treatment rendered. There is no mention of the patient utilizing an HEP. Furthermore, the requested exceeds the recommended number of visits per guidelines. Therefore, the medical necessity of the requested services cannot be established per guidelines as stated above.