

<b>Case Number:</b>	CM14-0189710		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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, 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 39 year old female with an injury date on 6/14/15. Patient complains of low lumbar pain radiating to left leg (with giving way), bilateral wrist pain radiating to the bilateral elbows, rated 8/10 per 10/2/14 report. The patient states that paresthesia is particularly bad in the bilateral little finger, ring finger, and long fingers, and that left hand/wrist symptomology is greater than the right per 8/15/14 report. Physical therapy was not helpful and was stopped per 6/10/14 report. Based on the 8/15/14 progress report provided by the treating physician, the diagnoses are: 1. bilateral carpal tunnel syndrome 2. bilateral cubital tunnel syndrome 3. possible tenosynovitis, volar aspect of the left wrist Exam on 10/2/14 showed "range of motion of elbows is full bilaterally. Range of motion of wrists is full bilaterally." No range of motion testing of the L-spine was found in provided reports. Patient's treatment history includes EMG/NCV bilateral upper extremities, MRI and X-ray of left wrist, physical therapy ("a few sessions"), cortisone injection (helped reduce pain), brace. The treating physician is requesting physical therapy 6 sessions left wrist. The utilization review determination being challenged is dated 11/3/14. The requesting physician provided treatment reports from 4/10/14 to 10/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 6 Sessions Left Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** This patient presents with lower back pain, left leg pain, bilateral wrist pain, bilateral elbow pain. The treater has asked for Physical Therapy 6 Sessions Left Wrist on 10/2/14. The patient had 2 sessions of physical therapy per utilization review letter dated 11/3/14. MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had 2 sessions of recent therapy and has worsening pain in his bilateral upper extremities. Prior physical therapy was shown to be ineffective, and was discontinued. Although prior physical therapy was not effective, it appears the treater is requesting more specific therapy for the left wrist. The patient has full range of motion of the left wrist, however, and there is no explanation as to why additional physical therapy would be necessary considering prior physical therapy was not helpful and discontinued as a result. The requested additional 6 sessions of physical therapy for the left wrist are not medically necessary.