

<b>Case Number:</b>	CM14-0090512		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 49 yo female who sustained an industrial injury on 01/16/2013. The mechanism of injury was not provided for review. Her diagnoses include carpal tunnel syndrome left- status post release, tenosynovitis of the hand and wrist, and pain in the forearm joint. She complains of right hand and wrist pain. Physical exam reveals decreased grip strength of the right hand with positive tenderness and normal sensation. Exam of the left hand revealed negative Tinel, negative Phalen and negative Finkelstein tests. Treatment in addition to surgery has included medical therapy with Norco and physical therapy. The treating provider has requested Physical Therapy 3x3 for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x3 for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16, 21.  
Decision based on Non-MTUS Citation Official disabilities guidelines

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

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of wrist, hand and forearm pain. Recommendations state that for most patients with these conditions 12 visits over a period of 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed 12 physical therapy sessions. There is no specific indication the requested additional therapy sessions. There is no documentation of increased functional mobility, increased range of motion or decreased pain. Medical necessity for the requested 8 physical therapy sessions has not been established. The requested service is not medically necessary.