

<b>Case Number:</b>	CM15-0146566		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female, who sustained an industrial injury on February 15, 2002. She reported gradual soreness and fatigue in her wrists that developed into pain in her arms and hands. Treatment to date has included medications, physical therapy, x-rays, laboratory tests, modified activity, electro diagnostic study, and RS 4I unit and cortisone injection. Currently, the injured worker complains of increased hand pain that is described as intermittent, aching and sharp. She reported difficulty gripping, grasping and repetitive activity as well as catching with repetitive motion. The injured worker is currently diagnosed with carpal tunnel syndrome. Her work status is permanent and stationary. A note dated December 16, 2014 states the injured worker experienced some relief from the trigger finger injections. A note dated February 24, 2015, states the injured worker experienced relief from the steroid injection. Due to continued pain, physical therapy 2x/week for 4 weeks for the right wrist and hand is requested to improve function and decrease pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xwk x 4wks for the right wrist/hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 2000 and underwent right upper extremity surgery in October 2014 for carpal tunnel syndrome and lateral epicondylitis. As of 03/30/15, she had returned to unrestricted work. The claimant was evaluated for physical therapy in January 2015. Through 05/18/15, seven treatments are documented. When seen, she was having intermittent right elbow pain was improving. She was having intermittent left wrist and hand pain, which was unchanged. Physical examination findings included right elbow and wrist stiffness. An additional eight therapy treatment sessions was requested. In terms of therapy for lateral epicondylitis when managed surgically, guidelines recommend up to 12 treatment sessions over a 12-week period of time. The claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled physical therapy treatments would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The additional physical therapy was not medically necessary.