

<b>Case Number:</b>	CM15-0161009		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 33 year old female, who sustained an industrial injury on 02-18-2014. On provider visit dated 07-09-2015 the injured worker has reported hand pain. On examination the right wrist revealed tenderness. The diagnoses have included tendonitis of wrist-right and right carpal tunnel syndrome of right wrist. Treatment to date has included physical therapy, splint and medication. The injured worker underwent a MRI of the right wrist on 03-09-2015 which revealed no evidence of bone contusion or fracture, degenerative centrum of the triangular fibrocartilage with fraying of the proximal margin, no evidence of full thickness perforation or tear, degeneration scapholunate ligament with partial tear of the membranous portion, mild first extensor compartment tendinosis, mild first extensor compartment tendinosis, mild extensor carpal ulnaris tendinosis and small volar radiocarpal ganglion cyst. The provider requested physical therapy 2x8 right wrist

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2x8 Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The current request is for PT 2x8 Right Wrist. The RFA is dated 07/28/15. Treatment to date has included physical therapy, splint and medication. Work status notes: full duty. The MTUS Chronic Pain Management Guidelines, PHYSICAL MEDICINE, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 07-09-2015, the patient reported a flare-up in hand pain. On examination the right wrist revealed tenderness. The diagnoses have included tendonitis of wrist-right and right carpal tunnel syndrome of right wrist. The treater recommended PT for range of motion, stretching, strengthening and re-education of a home exercise program. The UR letter states that the patient has completed 18 PT sessions since date of injury from 02/18/14. There are no physical therapy reports provided for review and the objective response to therapy were not documented in the medical reports. In this case, the patient is working full time and presents with a flare up. A short course to re-educate the patient on a home exercise program is reasonable. However, the current request for 16 sessions exceeds which exceeds what is recommended by MTUS. This request IS NOT medically necessary.