

<b>Case Number:</b>	CM15-0161596		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/01/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/17/2015
<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, Hawaii  
 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 65 year old female, who sustained an industrial injury on 5-1-15. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for tenosynovitis. Medical records dated 7-14-15 indicate the injured worker complains of "only a little decrease in her left wrist pain after completing her first 4 therapy sessions which she attributes to recent increase in her work load (prolonged periods of typing)." She is working regular job duties and rates her pain 4 out of 10. Physical exam notes "minimal" tenderness to palpation of the wrist with full range of motion (ROM). Treatment to date has included 5 of 6 physical therapy sessions as of 7-14-15 indicating "grip strength remains consistent as compared to onset of therapy." The original utilization review dated 7-20-15 indicates the request for physical therapy 3 X week for 2 weeks left wrist-hand is modified noting response to previous therapy and transition to home exercise program (HEP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 2 weeks wrist/hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The records indicate the patient has ongoing complaints of left hand and wrist pain. The current request is for physical therapy 3 times a week for 2 weeks, wrist/hand. The attending physician in his 7/14/15 report indicates the patient is somewhat better, but has been working full time without restrictions and was given an increase in her workload. He indicates the patient has tolerated physical therapy well, and has recommended additional physical therapy with modified work duties. The CA MTUS does recommend physical therapy as an option at a decreasing frequency with a transition into fully independent home-based exercise. CA MTUS further allows 8-10 visits over 8 weeks for myalgia/myositis and similar diagnoses. In this case, the 7/14/15 report indicates the patient has completed 4 physical therapy sessions. The records indicate the patient has made improvement and continued to work full time without restrictions. The CA MTUS does allow for additional physical therapy sessions up to 10 visits. The available medical records do establish medical necessity and the patient should be able to use the additional physical therapy sessions to transition into a fully independent exercise program. The current request is medically necessary.