

<b>Case Number:</b>	CM15-0187425		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	07/15/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 46 year old female, who sustained an industrial injury on 7-15-14. The injured worker was diagnosed as having right upper extremity weakness, rule out cervical radiculopathy and electrodiagnostic evidence of right mild cubital tunnel syndrome. The physical exam (5-11-15 through 7-6-15) revealed 3-5 out of 10 right wrist pain, a positive Tinel's sign and decreased sensation at the medial and ulnar aspect. Treatment to date has included an EMG-NCS on 7-21-15, Tramadol and Motrin. As of the PR2 dated 8-9-15, the injured worker reports 5 out of 10 pain and weakness in her right wrist. She has completed 3 out of 12 sessions of physical therapy for her right shoulder. Objective findings include decreased sensation at the medial and ulnar aspect, a positive Tinel's sign and 4 out of 5 grip strength. The injured worker is currently working. The treating physician requested physical therapy 2 x weekly for 6 weeks for the right hand and wrist. On 8-13-15 the treating physician requested a Utilization Review for physical therapy 2 x weekly for 6 weeks for the right hand and wrist. The Utilization Review dated 8-24-15, non-certified the request for physical therapy 2 x weekly for 6 weeks for the right hand and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the right hand and wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Forearm, Wrist, & Hand; Carpal Tunnel Syndrome (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in July 2014 and is being treated for right wrist and shoulder pain. When seen, pain was rated at 5/10. She had completed 3 of 12 planned therapy treatments with slightly increased range of motion. Physical examination findings included decreased cervical and right shoulder range of motion. There was muscle tenderness with hypertonicity. Cervical compression testing was positive on the right side. There was decreased grip strength. Tinel's tests were positive at the elbow and wrist. There was decreased right upper extremity sensation. Authorization for 12 sessions of physical therapy for carpal tunnel syndrome and cubital tunnel syndrome was requested. Electrodiagnostic testing in July 2015 was positive for mild right carpal tunnel syndrome. The claimant is being treated for chronic pain with no new injury to the elbow or wrist. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. She is already participating in physical therapy for chronic pain and had not completed these treatments when additional therapy was requested. The request is not considered medically necessary.