

<b>Case Number:</b>	CM15-0196301		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 43 year old female, who sustained an industrial injury on August 20, 2014, incurring bilateral hand and wrist injuries. She was diagnosed with bilateral carpal tunnel syndrome and tendinitis. Electromyography studies were negative. Treatment included diagnostic imaging, physical therapy and home exercise program, pool therapy, anti-inflammatory drugs, proton pump inhibitor, muscle relaxants, neuropathic medications, splinting and activity restrictions. Currently, the injured worker complained of bilateral wrist pain and thumb pain radiating into all the digits of both hands with numbness and tingling sensations. She noted acute muscle spasms and decreased strength in both hands. She was not eligible for surgery per a surgical consultation. The treatment plan that was requested for authorization included physical therapy twice a week for four weeks for the bilateral wrist. On October 2, 2015, a request for 8 physical therapy visits for the bilateral wrists was modified to 6 visits by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 for the bilateral wrist:** Overturned

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

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

**Decision rationale:** The 9/22/15 progress report indicates the patient has ongoing pain in the wrists bilaterally and some numbness in both hands. The current request for consideration is physical therapy 2 x 4 for the bilateral wrist. The attending physician recommends additional physical therapy to increase strength and range of motion. The CA MTUS physical medicine guidelines do recommend physical therapy for conditions involving the wrist to increase strength and improve range of motion. The guidelines allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus transition into self-directed home-based exercise. The guidelines allow for myalgia and myositis, unspecified: 9-10 visits over 8 weeks. In this case, the patient appears to be a good candidate for a brief course of physical therapy with a transition into home-based exercise. The current request is consistent with MTUS guidelines and the request is medically necessary.