

<b>Case Number:</b>	CM15-0198717		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Maryland

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

### 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 39 year old, male who sustained a work related injury on 6-3-13. A review of the medical records shows he is being treated for neck, low back, both shoulders, left wrist-hand and bilateral knee pain. Treatments have included 8 sessions of physical therapy to hands-wrists without relief, a left hand cortisone injection and left carpal tunnel release on 3-18-15. Current medications include Norco, Neurontin and Zanaflex. In the progress notes, the injured worker reports constant, moderate left wrist-hand pain. He rates this pain a 5 out of 10. On physical exam dated 8-24-15, there is no physical exam of both hands-wrists. He is temporarily totally disabled. The treatment plan includes requests for physical therapy and aquatic therapy. In the Utilization Review dated 9-8-15, the requested treatment of physical therapy 2x a week for 2 weeks for bilateral hands-wrists is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x week x 2 weeks bilateral hands/wrists:** Upheld

**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:** Physical therapy 2 x week x 2 weeks bilateral hands/wrists is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends a transition from supervised therapy to an independent home exercise program. The MTUS supports up to 10 visits for myalgia and myositis; 8 to 10 visits for neuralgia, neuritis, and radiculitis and up to 24 visits for reflex sympathetic dystrophy. The MTUS does not support additional therapy without evidence of need and improved function from prior therapy. The documentation indicates that the patient has had prior PT for the wrists/hands (8 sessions) without evidence of significant functional improvement. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 4 more supervised therapy visits therefore this request is not medically necessary.