

<b>Case Number:</b>	CM15-0203502		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/17/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 40 year old male who sustained an industrial injury on 12-17-14. The medical records indicate that the injured worker is being treated for right carpal tunnel syndrome; right index finger pain; right de Quervain's tenosynovitis; hand pain. He currently (9-15-15) complains of pain in the neck, right shoulder, right arm, right wrist, right hand, right index finger and upper back. His pain level was 2 out of 10. The injured worker reports symptoms are improving since his injury. On physical exam of the right hand and index finger there was erythema and edema in the proximal interphalangeal joint, tenderness to palpation over the right index finger and hand and dyesthesia and hyperesthesia to light touch; the right wrist revealed tenderness to palpation over the radial aspect of the wrist with positive Tinel's and Finkelstein test on the right; there was diminished sensation to light touch and pinprick over the distribution of the right median and radial nerves. He was able to transfer to and from the exam table independently, he was able to don and doff his shoes independently. In the 8-18-15 progress note the injured worker avoided doing house hold chores, driving, shopping, yard work because of pain and his pain level at that time was 5 out of 10. Treatments to date include medication: tramadol, nabumetone, cyclobenzaprine, omeprazole, Methoderm. No prior physical therapy sessions were present. In the progress note dated 9-15-15 the treating provider's plan of care included a request for physical therapy twice per week for 5 weeks to focus on joint range of motion, soft tissue modalities and core stretching and strengthening. The request for authorization dated 9-23-15 was for physical therapy twice per week for 5 weeks to the right

wrist. On 10-5-15 Utilization Review non-certified the request for physical therapy twice per week for 5 weeks to the right 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 5 weeks, right wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

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

**Decision rationale:** The patient presents with tenderness to palpation over the radial aspect of the right wrist. The current request is for physical therapy 2 times a week for 5 weeks, right wrist. The treating physician states, in a report dated 09/15/15, "We request referral for physical therapy to focus on joint range of motion, soft tissues modalities and core stretching and strengthening. We would request visits of two times a week for five weeks, for a total of ten visits." (50C) The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, a UR letter dated 10/01/15 notes "PA modified 8/15 request for PT x 10 to 6 PT "new report and re-requests PT x 10." (30A) The request for 10 sessions is supported by the MTUS guidelines as there is no documentation of prior physical therapy performed to the right wrist. The current request is medically necessary.