

<b>Case Number:</b>	CM15-0204214		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 63 year old male who sustained an industrial injury on 8-19-14. He is not working. The medical records indicate that the injured worker was being treated for cervical, lumbar and bilateral shoulder sprain-strain; bilateral shoulder impingement syndrome; bilateral wrist sprain; sleep disturbance; right carpal tunnel syndrome, status post right carpal tunnel release; bilateral wrist sprain-strain; bilateral wrist median neuritis-rule out carpal tunnel syndrome; bilateral wrist overuse syndrome; bilateral wrist cumulative trauma disorder. He currently (9-23-15) complains of bilateral wrist pain with a pain level of 8 out of 10. On physical exam (8-3-15) there was bilateral volar capsular tenderness, positive Tinel's Sign and Phalen's test bilaterally. Treatments to date include physical therapy (at least 24 sessions) to neck and right shoulder; right shoulder surgery (11-20-13); medication: omeprazole, gabapentin, Acyncnovir, Voltaren. The request for authorization was not present. On 9-30-15 Utilization Review non-certified the request for physical therapy twice per week for 6 weeks for bilateral wrists.

### 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 bilateral 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:** The patient presents with neck, bilateral shoulder, and bilateral wrists pain. The current request is for Physical Therapy 2 times a week for 6 weeks for the bilateral wrists. The treating physician's report dated 09/23/2015 (5B) states, "helping P.T." No physical therapy reports were provided for review. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Based on the medical records provided, it appears that the patient has recently received some physical therapy. However, the number of visits were not documented. There is no documentation of functional improvement while utilizing physical therapy. Furthermore, the requested 12 sessions exceed guidelines. The current request is not medically necessary.