

<b>Case Number:</b>	CM15-0205313		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	10/13/2004
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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

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 65 year old female who sustained an industrial injury on 10-13-04. The injured worker reported low back pain and bilateral wrist pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbago, cervicgia and cervical spondylosis without myelopathy. Medical records dated 8-28-15 indicate pain rated at 5 out of 10. Provider documentation dated 8-28-15 noted the work status as permanent and stationary. Treatment has included status post right carpal tunnel decompression and release, electromyography, nerve conduction velocity study, Oxycontin since at least April of 2015; Norco since at least April of 2015, status post lumber fusion, lumbar spine computed tomography, and bilateral wrist braces. Objective findings dated 8-28-15 were notable for slowed gait, right wrist with positive Phalen's and Tinel's sings, lumbar spine with restricted range of motion, and painful neck movements. The original utilization review (9-23-15) denied a request for Twelve (12) physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy visits:** 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 current request is for TWELVE (12) PHYSICAL THERAPY VISITS. Treatment has included right carpal tunnel decompression and release (09/24/13), electromyography, nerve conduction velocity study, medications, lumber fusion (2012), lumbar spine computed tomography, physical therapy and bilateral wrist braces. The patient is permanent and stationary. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 08/28/15, the patient presents with severe left carpal tunnel syndrome and flexor tenosynovitis. She reports worsening of symptoms in both hands. On examination, the patient has positive Tinel's and Phalen's sign. The treater states I do not have any other further surgical intervention to offer her, and recommended 12 physical therapy sessions. The patient is status post right carpal tunnel decompression on 09/24/13, and has completed 12 post-operative physical therapy sessions. It does not appear that the patient has participated in any PT sessions following that. Given the patient's significant worsening symptoms, a short course of therapy for functional restoration and to reinforce a home exercise program would be reasonable. MTUS allows up to 10 visits, and the current request is for 12 sessions. There is no report of new injury, new diagnoses, or recent surgery to substantiate the request for sessions that exceed guideline recommendation. Therefore, the requested physical therapy IS NOT medically necessary.