

<b>Case Number:</b>	CM15-0209371		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/22/2002
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Internal Medicine, Rheumatology

### 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 51 year old female, who sustained an industrial injury on 5-22-02. The injured worker has complaints of left thumb, wrist and elbow pain. There is tenderness at the right and left wrist. Left and right wrist flexion passive, active flexion, restricted flexion and wrist extension forced is pain at 10 degrees. The thumb has tenderness. The diagnoses have included joint pain, hand and pain in limb; post trauma right thumbs; thumb strain and right carpal tunnel syndrome. Treatment to date has included home paraffin bath helps temporarily; steroid shots; physical therapy and medications. The original utilization review (9-25-15) non-certified the request for additional physical therapy treatment to the right hand and wrist for 8 to 12 sessions, twice a week for four to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy treatment to the right hand/wrist for 8 to 12 sessions, twice a week for four to six weeks: 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:** This 51 year old female has complained of left thumb, bilateral wrist and elbow pain since date of injury 5/22/02. She has been treated with physical therapy (12 sessions thus far), steroid shots and medications. The current request is for additional physical therapy treatment to the right hand/wrist for 8 to 12 sessions, twice a week for four to six weeks. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis, myalgia and/or radiculitis. The medical necessity for continued passive physical therapy is not documented as there is no evidence of re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. On the basis of the available medical records and per the MTUS guidelines cited above, additional physical therapy treatment to the right hand/wrist for 8 to 12 sessions, twice a week for four to six weeks is not medically necessary.