

<b>Case Number:</b>	CM15-0057658		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/18/2005
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 62-year-old female, who sustained an industrial injury on May 18, 2005. The injured worker was diagnosed as having wrist tendinitis/bursitis. Treatment to date has included acupuncture, physical therapy, and medications. On February 9, 2015, the injured worker complains of flare-up of bilateral wrist pain with numbness and weakness. The physical exam revealed positive bilateral Phalen and bilateral reverse Phalen signs and decreased grip strength. The treatment plan includes 12 sessions of physical therapy for the bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the bilateral wrists 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting the bilateral wrists. The current request is for Physical Therapy for the bilateral wrists 3 times a week for 4 weeks. The treating

physician report dated 2/9/15 states, "I am formally requesting authorization for 12 sessions of physical and strengthening therapy for the cervical spine, lumbar spine, left shoulder, and bilateral wrists to reduce her pain and increase range of motion and functioning. We feel that additional therapy is warranted given that she has experienced an exacerbation of pain. Furthermore, her symptomatology has changed since last therapy sessions and we feel that she should be provided with a new at-home exercise regimen." A report dated 9/22/14 (32B) states, "She has tried physical therapy previously, which did not significantly reduce her pain." The report goes on to note that the patient is status post bilateral carpal tunnel release, although a date of the surgery was not found in the documents provided. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided, show the patient has received prior physical therapy, although the quantity of sessions that were received is unknown. The MTUS guidelines go on to support 3-8 visits over 3-5 weeks up to 3 months following carpal tunnel surgery. In this case, the patient is past the 3-month period for post-surgical physical medicine treatment. Furthermore, the patient states that previous physical therapy did not significantly reduce her pain and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. The request is not medically necessary.