

<b>Case Number:</b>	CM15-0086691		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 11/01/2008. She has reported injury to the neck, bilateral hands/wrists, and low back. The diagnoses have included cervical spine strain; lumbar spine disc bulges; left carpal tunnel syndrome, and status post right carpal tunnel release, on 01/22/2014. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, and surgical intervention. Medications have included Ultram, Ibuprofen, and Prilosec. A progress note from the treating physician, dated 03/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the neck, lower back, right wrist/hand, left wrist/hand, right knee, and left knee; the right wrist has gotten worse since her surgery; physical therapy doesn't change it permanently, just provides relief; sharp pain in the right wrist and forearm; and numbness and tingling in the forearm. Objective findings included light touch sensation intact to the right lateral shoulder; light touch sensation is diminished in the right dorsal thumb web, right long tip, and right small tip; and she presented with a single-point cane. The treatment plan has included the request for physical therapy 12 sessions (2x6) right hand/wrist, left hand/wrist, cervical, and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions (2x6) right hand/wrist, left hand/wrist, cervical and lumbar spine: Upheld**

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

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

**Decision rationale:** Physical therapy 12 sessions (2x6) right hand/wrist, left hand/wrist, cervical and lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation does not indicate extenuating circumstances that would necessitate 12 more supervised therapy visits. The documentation does not indicate significant functional improvement from prior therapy therefore additional physical therapy is not medically necessary.