

<b>Case Number:</b>	CM15-0087948		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 37 year old female who sustained an industrial injury on 3/4/11. The injured worker was diagnosed as having cervical spine disc protrusions with radiculitis, status post anterior and posterior cervical spine fusion, thoracic spine strain/sprain and myofascial pain syndrome, lumbar spine strain/sprain rule out disc protrusion, bilateral shoulder strain/sprain, right shoulder impingement and bursitis, status post right shoulder arthroscopic decompression, bilateral wrist strain/sprain and tenosynovitis rule out carpal tunnel syndrome and status post right wrist arthroscopic surgery (11/3/14). Currently, the injured worker was with complaints of pain in the neck, back and bilateral shoulders with associated numbness and pain in the bilateral wrists. Previous treatments included surgical intervention, physical therapy, medication management and activity modification. Previous diagnostic studies included radiographic studies revealing anterior-posterior hardware in position at C4-C6 and no fractures of dislocation. The injured workers pain level was noted as 8/10. Physical examination was notable for tenderness to palpation to the paraspinal muscles and bilateral wrists with noted restricted range of motion in the bilateral wrists. The plan of care was for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of continued physical therapy for right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, wrist, & hand Page(s): 98-99, 18-20.

**Decision rationale:** Based on the 04/23/15 progress report provided by treating physician, the patient presents with bilateral wrist pain and numbness rated 5-8/10. The patient is status post right wrist arthroscopic surgery 11/03/14. The request is for 12 sessions of continued physical therapy for right wrist. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes bilateral wrist strain/sprain and tenosynovitis, rule out carpal tunnel syndrome. Physical examination to the wrists on 04/23/15 revealed grade 2 tenderness to palpation, restricted range of motion, and positive Finkelstein's test on the right. Treatment to date included surgical intervention, physical therapy, medication management and activity modification. Patient's medications include Flexeril and Tramadol. The patient is temporarily totally disabled, per 04/23/15 report. Treatment reports were provided from 10/22/14-05/05/15. MTUS postsurgical guidelines, pages 18-20 regarding the forearm, wrist, & hand allows up to 9 sessions of Physical Therapy over 8 weeks for a trigger finger release. The post-op time frame is 4 months. MTUS Chronic Pain Management Guidelines, 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. The patient is no longer within postoperative treatment period. Physical therapy noted from 04/07/15 -05/05/15 show 6 sessions were attended. Per 04/23/15 report, patient states physical therapy helps, and treater states 14 sessions were completed. In this case, treater does not discuss why patient cannot move on to home exercise program and needs formalized therapy. There is no discussion of flare-up's or new injury to warrant continued therapy. Furthermore, the request for additional 12 sessions exceeds MTUS allowable recommendation. Therefore, the request IS NOT medically necessary.