

<b>Case Number:</b>	CM15-0088519		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/28/2015
<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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 34-year-old female who sustained a work related injury January 7, 2010. According to a primary treating physician's progress report, dated, April 21, 2015, the injured worker presented for re-evaluation of right wrist pain. There is improvement since a carpal tunnel release, right wrist, performed February 27, 2015. She has completed physical therapy for the right wrist and would like to continue with further treatment. She describes her pain, rated 5/10, as aching in the bilateral wrists, right greater than left. The pain is worse when lifting. Impressions are documented as other syndromes affecting the cervical region; cervical strain; carpal tunnel syndrome; chronic pain syndrome. Treatment plan included a request for authorization for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical Therapy visits for the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient underwent right carpal tunnel release on 2/27/15. The postsurgical treatment is 3-8 physical medicine visits over 3-5 weeks with postsurgical physical medicine treatment period of 3 months. In this case, the patient had completed the course of physical therapy and was participating in a home exercise program. The patient had intact sensation. There was no documentation of limited range of motion. Additional physical therapy is not indicated. The request is not medically necessary.