

<b>Case Number:</b>	CM15-0089146		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 35 year old female, who sustained an industrial/work injury on 11/11/13. She reported initial complaints of pain in hands and wrists. The injured worker was diagnosed as having pain in joint of the bilateral wrists and hands. Treatment to date has included medication, physical therapy, cortisone injections on 8/20/14, and wrist splints. MRI results of the left wrist were reported on 11/14/15 that reported fluid collection at the volar aspect of the radiocarpal joint space representing a ganglion cyst and mild thinning/fraying of the triangular fibro cartilage complex. The right wrist had no evidence of a triangular fibro cartilage complex tear. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 8/6/14 and was negative. X-Rays results were reported on 11/12/14 of the right /left wrists documented positive ulnar variance on the right and short fifth metacarpal and ulnar variance on the left. Currently, the injured worker complains of limitations on gripping, lifting, and reaching. Per the primary physician's progress report (PR-2) on 3/26/15, hand strength was 3+/5 in both flexion and extension, 4/5 radial ulnar deviations, limited range of motion in both wrists. Current plan of care included continue current therapy to improve range of motion. The requested treatments include Physical Therapy to the bilateral wrists/hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Bilateral Wrists/Hands Qty 6: Upheld**

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

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

**Decision rationale:** The patient has ongoing bilateral wrist/hand pain, numbness and weakness. The current request is for Physical Therapy, Bilateral wrists/hands QTY 6. The MTUS supports up to 10 sessions of physical therapy with the patient transitioning into a self directed home exercise program. In this case, the records indicate that the patient has completed at least 10 sessions to date with reports of no functional benefits. There is also indications that the patient has not been consistent with the previous physical therapy appointments. There is no discussion as to why additional physical therapy would suddenly be beneficial or why the patient would be more motivated to attend the recommended sessions at the frequency recommended. As such, the medical records do not establish medical necessity and as such, recommendation is not medically necessary.