

<b>Case Number:</b>	CM14-0116220		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 70-year-old female who reported an injury on 11/08/2012. The mechanism of injury was not indicated. The injured worker had diagnoses including lumbar spondylosis secondary to a herniated lumbar disc. Prior treatment included physical therapy and acupuncture. Diagnostic studies included an MRI of the cervical spine and an MRI of the lumbar spine. The injured worker underwent a left and right endoscopic carpal tunnel release. The injured worker complained of neck and back pain. She rated her pain at 5-6/10 to her back, 0-3/10 to her right leg, and 5-6/10 to her left leg. The clinical note dated 07/01/2014 reported the injured worker had numbness and tingling in her bilateral feet. Upon physical examination, the physician noted that there was negative midline tenderness to palpation of the cervical spine. There was positive midline tenderness to palpation in the lumbar spine. Cervical range of motion was limited in rotation at 6 degrees to the right and 45 degrees to the left. Medication included losartan, vitamin B6, and vitamin B3. The treatment plan included a request for additional physical therapy 1 times 6 for the wrist. The rationale for the requested decision for additional physical therapy 1 times 6 for the wrist was for functional improvement. The Request for Authorization was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additonal Physical Therapy 1x6 for the wrist: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines may support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker complained of back pain the documentation indicated that she had been approved for physical therapy for the low back, neck, and wrist. However, details regarding her prior treatment, including number of visits completed, and objective functional gains obtained, were not provided. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness of additional physical therapy cannot be established. Therefore, despite evidence of current objective functional deficits in the wrist, due to the lack of documentation regarding previous physical therapy, the request is not supported. As such, the request for Additional Physical Therapy 1x6 for the Wrist is not medically necessary.