

<b>Case Number:</b>	CM14-0211134		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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, Arizona

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 27-year-old female who reported an injury on 06/13/2014. The mechanism of injury was not provided. The diagnostic studies were not provided. The prior therapies included physical therapy, medication management, and bracing. The diagnoses included right wrist carpal tunnel syndrome and cervical spine disc bulge with radiculopathy. The injured worker presented on 11/21/2014 with complaints of persistent radiating pain, numbness and tingling in the right hand. The physical examination revealed point tenderness to palpation over the volar surface, positive Tinel's and Phalen's signs, negative atrophy, 50 degree flexion, 50 degree extension, 10 degree radial deviation, and 15 degree ulnar deviation. The injured worker had 5/5 motor strength in the bilateral upper extremities, decreased sensation in the thumb, index and middle finger on the right hand, and 2+ deep tendon reflexes. Treatment recommendations at that time included continuation of physical therapy 3 times per week for 4 weeks. There was no Request for Authorization Form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy 3 x 4, right wrist at Premier PT: Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. It is noted that the injured worker has completed a previous course of physical therapy. There was a lack of documentation of objective functional improvement and remaining functional deficits. The quantity of sessions previously attended were not provided. The current request for 12 sessions of physical therapy would exceed guideline recommendations. Given the above, the request for continued physical therapy 3 x 4, right wrist at Premier PT is not medically necessary.