

<b>Case Number:</b>	CM15-0017210		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: 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 54 year old female, who sustained an industrial injury on 1/21/11. The diagnoses have included right shoulder cuff tear, right arm radiculopathy, carpal tunnel syndrome of bilateral wrists and cervicalgia. Treatment to date has included repair of rotator cuff tear of right shoulder (2011) and carpal tunnel release with decompressed neurolysis of right wrist median nerve, flexor tenosynovectomy and release of adhesions of right wrist (2013). Current complaints by the injured worker or a physical exam were not documented. On 12/31/14 Utilization Review non-certified 12 sessions of physical therapy, noting the lack of documentation of physical examination rendering physical not medically necessary. The MTUS, ACOEM Guidelines, was cited. On 1/16/15, the injured worker submitted an application for IMR for review of 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 to right wrist and hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Physical Medicine

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy

**Decision rationale:** The requested Physical therapy 3x4 to right wrist and hand , is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, Pages 264-265 and Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy, recommend continued physical therapy with documented objective evidence of derived functional improvement from completed physical therapy sessions as a transition to a dynamic home exercise program. The treating physician has not documented significant positive exam findings, functional deficits, nor any objective evidence of derived functional improvement from completed therapy sessions. The criteria noted above not having been met, Physical therapy 3x4 to right wrist and hand is not medically necessary.