

<b>Case Number:</b>	CM15-0173464		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/16/2007
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67 year old woman sustained an industrial injury on 10-16-2007. The mechanism of injury is not detailed. Evaluations include an undated electromyogram of the bilateral upper extremities. Diagnoses include chronic non-malignant pain of the wrist and hands bilaterally. Treatment has included oral and topical medications, home exercise program, physical therapy, and surgical interventions. Physician notes dated 8-5-2015 show complaints of chronic bilateral wrist pain. The physical examination shows decreased grip strength bilaterally and discomfort with flexion and extension of wrist. Recommendations include refilling topical medications, physical therapy, and follow up in four weeks. The injured worker was certified 12 sessions of physical therapy in March 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 sessions 3x4 for the left and right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The medical records note that the injured worker was previously certified 12 sessions of physical therapy in March 2015. The current examination findings do not establish red flags or significant objective functional deficits that would support the request for additional physical therapy treatments. The injured worker should be able to participate in a home exercise program to address any remaining deficits. The request for Physical Therapy 12 sessions 3x4 for the left and right wrist is not medically necessary and appropriate.