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| <b>Case Number:</b>   | CM15-0074498 |                              |            |
| <b>Date Assigned:</b> | 04/24/2015   | <b>Date of Injury:</b>       | 03/18/2013 |
| <b>Decision Date:</b> | 05/28/2015   | <b>UR Denial Date:</b>       | 04/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/20/2015 |

### 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: 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:

This 29 year old female sustained an industrial injury to the left knee, back and right wrist on 3/18/13. Previous treatment included In a PR-2 dated 3/2/15, the injured worker complained of left knee pain rated 2/10 on the visual analog scale, low and mid back pain rated 5/10 and right wrist pain rated 1/10 and left wrist pain 2/10. The injured worker reported that her left wrist hurt when she lifted heavy objects. Current diagnoses included multilevel lumbar spine disc degeneration, left knee tendinitis, thoracalgia myofascitis, bilateral wrist tenosynovitis, lumbar and thoracic myofascitis, lumbar and thoracic muscle spasms and bilateral buttock muscle spasms. The treatment plan included spinal manipulation once a week for four weeks, physical therapy for the left wrist three times a week for six weeks and medications (Naproxen Sodium).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical therapy visits 3 times a week for 6 weeks for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The patient presents with left wrist pain, rated a 2/10. The request is for 18 PHYSICAL THERAPY VISITS 3 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT WRIST. The provided RFA is dated 03/02/15 and the date of injury is 03/18/13. The diagnosis include bilateral wrist tenosynovitis. Per 03/20/15 report, physical examination of the left wrist revealed a decreased range of motion. Palpation of the wrist revealed tenderness of the navicular on both sides and Phalen's is negative. Current medication is Anaprox, per 03/20/15 report. The patient's work status is not provided. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative time frame is 6 months. Treater has not provided a reason for the request aside from citing MTUS guidelines. In this case, prior treatments are unknown. There is no documentation provided to indicate the patient is post-surgical and in non operative cases MTUS recommends 8-10 visits for radiculitis. The request for 18 physical therapy sessions exceeds MTUS guidelines. Therefore, the request IS NOT medically necessary.