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| <b>Case Number:</b>   | CM13-0011361 |                              |            |
| <b>Date Assigned:</b> | 03/10/2014   | <b>Date of Injury:</b>       | 04/11/2013 |
| <b>Decision Date:</b> | 04/10/2014   | <b>UR Denial Date:</b>       | 08/08/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2013 |

### 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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 patient is a 36-year-old female who reported an injury on 4/11/13. The mechanism of injury was carrying a heavy bin. The patient was diagnosed with a left wrist sprain and was initially treated with rest and medications. As the patient's symptoms did not improve, she was referred for physical therapy and received at least 17 sessions with no documented improvement. The patient's range of motion values on the 17th session of physical therapy included 0-60 degrees of flexion (unchanged since the initial value), and 0-65 degrees of wrist extension (unchanged since initial value). She was unable to lift greater than 10 pounds (unchanged since initial value), and had painful resisted grip that has not changed since her initial values (notes stated the patient was not making progress toward goal). Due to lack of progress in therapy and continued complaints, the patient was referred for an MRI of the left wrist. This study was performed on 7/31/13 and revealed a normal study other than the presence of soft tissue edema and a possible dorsal ganglion cyst measuring 4 mm x 2 mm at the scapholunate interval.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 3 TIMES A WEEK FOR 2 WEEK FOR THE LEFT WRIST:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend up to 10 visits of physical therapy for an unspecified myalgia or myositis. Extension of treatment may be granted if objective functional improvement is documented. The clinical information submitted for review did not provide evidence that the patient was benefitting from her physical therapy; she did not make any progress in range of motion, grip strength, or lifting, in the 17 physical therapy sessions already attended. In addition, there were no significant abnormal findings on the MRI that may benefit from additional therapy. California guidelines also state that the patient is expected to perform active, self-directed home physical therapy. As the patient does not appear to be benefitting from the extensive therapy already received to date, there is no indication that additional therapy would be helpful. As such, the request for additional physical therapy is non-certified.