

<b>Case Number:</b>	CM13-0021204		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	04/28/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 presented with a date of injury of 4/28/13. A utilization review determination dated 8/26/13 recommends non-certification of PT. The 8/13/13 medical report identifies pain in left wrist radiating to arm. Patient is feeling depressed and wants to see a psychologist. On exam, there is decreased left wrist ROM. Therapy notes identify recent visits x 6 for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT WRIST, California MTUS cites 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." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions or remaining deficits that cannot be addressed within the

context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested 12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT WRIST is not medically necessary.