

<b>Case Number:</b>	CM13-0030254		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 California, has a subspecialty in Physical Medicine and Rehabilitation and is licensed to practice in Interventional Spine. 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 53 year old male with an injury date of 09/22/11. The 07/03/14 (post utilization review date) report mentions no significant improvement and that the patient performs hand therapy at home. Structured hand therapy with specialized equipment has significantly improved pain and range of motion in the past. Per the 2/27/14 report, the patient presents with right wrist pain. A well healed incision is noted. Range of motion is restricted in flexion and extension. There is pain upon palpation of the joint line and there is inflammation of the right wrist. The patient's diagnoses include: Right wrist fracture, Right traumatic injury neuropathy, Status post right wrist surgery (date not stated). The utilization review being challenged is dated 09/03/13. The rationale is the patient has had 22 physical therapy sessions (no dates given) since the injury date. No subjective benefits and no improvement were noted from this physical therapy. No documentation was provided as to why the patient is unable to continue rehabilitation with a home exercise program. [REDACTED] is requesting for 12 (3x4) therapy sessions for the right hand and wrist. All treatment reports were dated after the utilization review date. Treatment reports were provided from 02/27/14 to 07/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 X 4 FOR THE RIGHT HAND, WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICAL THERAPY.

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

**Decision rationale:** This patient presents with chronic right wrist pain following right wrist surgery (date unknown). The request is for physical therapy for 12 (3x4) sessions. All of the treatment reports are dated after the utilization review denial letter from 9/3/13. The MTUS guidelines pages 98, 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Twenty two prior physical therapy sessions (dates unknown) are mentioned in the 09/03/13 utilization review. If the patient has not recently had any therapy, a short course may be reasonable for a flare-up or decline in function. However, there are no reports accompanying this request. In fact, there are no reports prior to the UR letter. UR letter indicates that the patient has had some 22 sessions of therapy in the past. Finally, the request for 12 sessions exceeds what is allowed by MTUS. Recommendation is for denial of physical therapy.