

<b>Case Number:</b>	CM13-0031501		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Illinois. 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 physician 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 65-year-old female with a reported date of injury on 07/07/2010. The patient presented with numbness and tingling to the tips of digits 1 and 2, pain in the right wrist, hand, fingers, and forearm, decreased right grip strength, and decreased right wrist range of motion. The patient had diagnoses including left upper extremity overuse tendinopathy, right index finger degenerative joint disease in the distal interphalangeal and proximal interphalangeal joints, carpal tunnel syndrome bilaterally, trigger finger bilateral hands, right index and left middle finger, status post right wrist surgery on 05/04/2013. The physician's treatment plan included a request for physical therapy 2 x4 weeks for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 4 weeks for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The California MTUS guidelines recommend 3-8 sessions of physical therapy over 3-5 weeks status post surgical intervention. The guidelines note the postsurgical physical medicine treatment period is 3 months. Per the provided documentation, it was unclear

how many sessions of physical therapy the patient has attended to date. The request for 8 additional sessions would exceed the guideline recommendations. Additionally, the guidelines note the post-surgical physical medicine treatment period is 3 months. The patient's surgery was performed on 05/14/2013; this would exceed the guideline recommendation pertaining to physical medicine treatment period of 3 months. Therefore, the request for physical therapy 2 x4 weeks for the right wrist is neither medically necessary nor appropriate.