

<b>Case Number:</b>	CM13-0045192		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation 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 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:

This patient is a 52-year old male who sustained injury on 08/20/2008. A note dated 10/21/2013 indicates that he presented with bilateral wrist pain and will evaluate bilateral elbow pain in the near future. He worked on construction with bowing and developed significant pain in both wrists. X-rays showed mild arthritic conditions but no major abnormalities acutely. On physical exam of his wrist, he had normal range of motion but had moderate pain in all planes of motion. He had equivocal grind test and no significant pain elicited with ulnar deviation or compression testing. There was tenderness to palpation over carpal metacarpal joint of first digit and globally throughout the volar aspect of wrist. Finkelstein and Watson test was negative. Right hand had previous amputation of the DIP from an old injury. Neurologically, sensation intact and 2+ biceps and brachioradialis reflexes bilaterally. Impression was wrist pain, global wrist degenerative changes, and mild bilateral de Quervain's tenosynovitis. Treatment plan was compounding gel, Celebrex, and formal physical therapy. If no improvement, possible PRP or intraarticular injections into the wrist. The current review is for left wrist physical therapy 2-3 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2-3 times a week for 6 weeks to Left Wrist:** Upheld

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

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

**Decision rationale:** As per Chronic Pain Medical Treatment Guidelines, "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort." The provider report dated 10/21/2013 indicates that he had painful but normal range of motion. Neurologic exam was normal Radiographs showed mild arthritic conditions but no major abnormalities acutely. There is no documentation regarding objective functional impairment, and hence the request for physical therapy 2-3 times a week for 6 weeks is non-certified.