

<b>Case Number:</b>	CM13-0046782		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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:

The patient is a 49-year-old female who reported an injury on 06/25/2013. The patient is currently diagnosed with right wrist contusion, right hand and finger contusion, right hand and wrist derangement, and right hand and wrist sprain. The patient was seen by [REDACTED] on 09/06/2013. The patient reported persistent pain in the right hand and shoulder with associated weakness, numbness, and swelling. Physical examination revealed decreased range of motion of the right wrist and hand, tenderness to palpation with swelling noted over the dorsal and palmar aspects, 4/5 strength, decreased grip strength on the left, and normal upper extremity measurements. Treatment recommendations included continuation of current medications, an authorization request for an MRI of the right wrist and hand, a brace for the right wrist, physical therapy, and acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks, right wrist and hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines state treatment for a sprain and strain of the wrist and hand, or pain in a joint, includes 9 visits over 8 weeks. As per the documentation submitted, the patient has previously completed a course of physical therapy. Documentation of the previous course with total treatment duration and efficacy was not provided for review. Additionally, the current request for 12 sessions of physical therapy for the right wrist and hand exceeds Guideline recommendations for a total duration of treatment. Based on the clinical information received, the request for Physical Therapy 2 times a week for 6 weeks, right wrist and hand is non-certified.