

<b>Case Number:</b>	CM13-0052456		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 33-year-old female who reported a work-related injury on 02/13/2013 as a result of repetitive trauma to the right upper extremity. The patient presented for treatment of the following diagnoses: right hand tenosynovitis, subchondral bone cyst, bilateral wrist sprain/strain and left hand sprain/strain. The clinical note dated 10/28/2013 reported that the patient was seen in clinic under the care of [REDACTED]. Status post evaluation, the provider documented that the patient would return to work without restrictions. The patient's range of motion was full, and her pain complaints were minimal. The provider requested authorization for replacement of the patient's prescriptions as well as bilateral volar wrist splints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physio 3x4 visits for the right wrist and elbow:** Upheld

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

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

**Decision rationale:** The most recent clinical documentation submitted evidences that the patient presented in 10/2013 with no range of motion, motor or neurological or sensory deficits upon

exam. The provider documented that the patient was able to return to work at full duty. The provider documented that the patient's pain was at a minimum. At this point in the patient's treatment, an independent home exercise program would be indicated to facilitate continued progress with the patient's treatment plan as per the MTUS Chronic Pain Guidelines. Given all of the above, the request for physio 3 times 4 visits for the right wrist and elbow is not medically necessary and appropriate.