

<b>Case Number:</b>	CM13-0052803		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2013

### 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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old female with reported injury date of 5/21/13 to the right hand/wrist. She is a pharmacy tech with complains of right wrist ,hand pain, and swelling from her job performing repetitive opening/pushing work with pharmaceutical bottles. Her diagnosis includes right wrist sprain/strain/cumulative trauma from repetitive motion. Documentation indicates patient has had medication treatment and PT for the right wrist. There is an 11/4/13 PR-2 report that states that patient had shooting pain and couldn't hold a plate. Documentation indicates she is in PT for shoulder and hand injury. Physical exam findings on this document were illegible. There is a recommendation for continued PT. There is a request for continued PT which is addressed in this review. A 10/9/13 office note by [REDACTED] indicates that on physical examination of patient reveals that the cervical spine evaluation shows mild mid line tenderness at the upper mid cervical spine. There is specific tenderness and muscle spasm on the right-sided paraspinals and right neck musculature. Positive right trapezius spasm is quite tender. There is a trace right scapular winging on right shoulder "elevation" The right shoulder glenohumeral joint itself is mildly tender less so than trapezius and neck. She has slight decreased range of motion of the right shoulder and pain with end range of motion in the area of trapezius and neck and upper shoulder. She has negative Hawkins sign for impingement, as well as a negative Neer and cross arm within just discomfort at end range of motion throughout the trapezius and right shoulder area. Distally, she is in a wrist and thumb brace for her separate industrial injury. Neurovascular is intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x per week qty 3 weeks for right hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical Therapy 2 x per week for 3 weeks is not medically necessary per MTUS guidelines. Patient has exceeded the recommended MTUS guidelines for her right wrist sprain ( which recommends up to 10 visits for her condition). The precise number of therapy visits for her right wrist is unclear but she has had at least 12 visits. There is no documentation of significant functional improvement or decrease in pain from these PT visits. The patient should be well versed in a home exercise program. Additional PT 2 per week x 3 weeks is not medically necessary.