

<b>Case Number:</b>	CM13-0055143		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 56-year-old male who reported an injury on 08/16/2013, after he caught a box with his wrist, reportedly sustaining injury to his right wrist and right hand. Conservative treatments to date have included medications, physical therapy, massage, and myofascial release. The patient's most recent clinical evaluation documented that the patient did not have any significant limitations. It was noted that the patient was not taking any medications, had discontinued physical therapy, and had returned to full duty. Physical findings included minimal swelling over the MP joint of his right little finger with no significant range of motion deficits and grip strength within normal limits. The patient's diagnoses included capsulitis, joint contusion of the right little finger MP joint. A request was made for a physical therapy evaluation once a month for 4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation once a month for four (4) months:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The requested physical therapy evaluation once a month for 4 months is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does provide evidence that the patient had discontinued the use of physical therapy. California Medical Treatment Utilization Schedule recommends physical therapy for patients with pain deficits, range of motion deficits, and weakness deficits that would benefit from supervised skilled therapy. The patient's most recent clinical documentation does not provide any evidence that the patient has any activity limitations that would require further skilled therapy. Clinical documentation does not provide any evidence of support that a specialized physical therapy evaluation would be needed beyond what would be provided by the prescribing physician. Therefore, the requested physical therapy evaluation once a month for 4 months is not medically necessary or appropriate.