

<b>Case Number:</b>	CM13-0056504		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 expert 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 injured worker is a 32-year-old female who reported an injury on 04/24/2012, secondary to heavy lifting. The injured worker is diagnosed with a wrist sprain and hand sprain. The injured worker was evaluated on 09/27/2013. The injured worker reported persistent symptoms in the left hand/wrist with activity limitation. Physical examination revealed intact sensation, tenderness to palpation, spasm and decreased range of motion. Treatment recommendations at that time included physical therapy twice per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY (8 SESSIONS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (ODG) Treatment Guidelines

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

**Decision rationale:** The California MTUS 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. As per the documentation submitted, the injured worker has previously participated in a course of physical therapy. However, there is no documentation of the previous course of treatment. Without evidence of objective functional improvement, ongoing therapy cannot be determined as medically appropriate. As such, the request is non-certified.