

<b>Case Number:</b>	CM13-0059773		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 & 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 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:

This is a 29-year-old female with a date of injury 12/27/2012; the mechanism of injury was a fall. Injuries included a fractured left cheek bone, injured left wrist, and left foot. An electrodiagnostic study report received on 05/13/2013 reported abnormality as evidenced by mild left elbow ulnar motor neuropathy at the cubital tunnel region. The injured worker had left forearm and wrist pain with finger numbness prior to the study. Upon physical exam, there was tenderness involving the left forearm and wrist tendon sheaths. An official Magnetic resonance imaging (MRI) of the left wrist on 12/14/2013 revealed effusion within the bursa between piriformis and triquetrum. On 01/10/2014, the primary treating physician's progress report indicated the injured worker had pain to the left wrist and paresthesias. Upon physical exam the left wrist was positive for tenderness and decreased pinwheel sensation to digits 1 through 3. A request for authorization was received on 07/23/2013 for the physical therapy 2 times a week for 4 weeks for the left hand and wrist with clinical, but much of it is hand written and unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY TO TREAT THE LEFT WRIST 2X4:** 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  
PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of active treatment modalities due to substantial better clinical outcomes. Active treatment modalities are Therapeutic exercises (97110), Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530). Also, a home exercise program is recommended. Treatment for sprains and strains of wrist and hand is 9 visits over 8 weeks. The request for additional physical therapy to treat the left wrist 2 times a week for 4 weeks is non-certified. In an orthopedic surgery note dated 10/31/2013, the injured worker reportedly has had 7 physical therapy sessions to date as of 10/04/2013. Not included in the documentation for review was a physical therapy re-evaluation with treatment plan as well as identified functional impairments. The guidelines recommend 9 visits over 8 weeks of physical therapy. The request exceeds the total number recommended by guidelines and there was no physical therapy re-evaluation submitted in order to demonstrate objective functional gains made during physical therapy, as well as to demonstrate remaining deficit. As such, the request is non-certified.