

<b>Case Number:</b>	CM13-0062674		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 44-year-old female with a 5/7/13 date of injury; when she slipped and fell and sustained injuries to the right arm, right wrist, right shoulder and back. The progress note dated 8/6/13 indicated that the patient accomplished 16 out of 24 approved sessions of physical therapy (PT). The progress note dated 1/6/14 indicated that the patient accomplished 6 sessions of PT and still have 10/10 pain in her right wrist and that she felt no improvements in her symptoms. The patient was seen on 5/12/14 with complaints of 7-10/10 the right elbow, wrist, hand, shoulder and pack pain. The pain was associated with swelling and weakness and radiated to the right arm. The note stated that the patient received last physical therapy in December 2013 for the right shoulder, wrist and elbow, which provided relief. Exam findings of the right wrist revealed tenderness to palpation, spasm and swelling over the dorsal and palmar aspects. Manual muscle testing revealed 4/5 strength with dorsiflexion, palmar flexion, radial deviation, and ulnar deviation. The range of motion of the right wrist was normal. The diagnosis is right shoulder impingement syndrome, right elbow epicondylitis, right wrist DeQuervain's tenosynovitis. MRI of the right wrist dated 8/19/13 (the radiology report was not available for the review) revealed mild osteonecrosis without evidence of fracture or destructive changes. Treatment to date: work restrictions, PT, chiropractic treatment, home exercise program and medications. An adverse determination was received on 11/12/13 modified the request and approved 8 sessions of PT for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy for the right wrist, 3 times a week for 4 weeks, QTY: 12 sessions:** 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 Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The progress note dated 8/6/13 indicated that the patient accomplished 16 out of 24 approved sessions of physical therapy (PT). The progress note dated 1/6/14 indicated that the patient accomplished 6 sessions of PT and still complained of 10/10 pain in her right wrist and that she felt no improvements in her symptoms. However, it is not clear how many sessions of PT the patient accomplished. In addition, the UR decision dated 11/12/13 modified the request and approved additional 8 sessions of PT for the right wrist. Lastly, there is no rationale with clearly specified goals from the additional PT for the right wrist and it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for Outpatient physical therapy for the right wrist, 3 times a week for 4 weeks, QTY: 12 sessions was not medically necessary.