

<b>Case Number:</b>	CM13-0063530		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for an open wound of the hand and wrist reportedly associated with an industrial injury of May 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; apparent diagnosis with a puncture wound; attorney representations; transfer of care to and from previous providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for an unspecified physical medicine procedure, citing pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. The claims administrator interpreted the request for a 'physical medicine procedure' as a request for physical therapy treatment. The applicant's attorney subsequently appealed. On July 10, 2013, the applicant was asked to pursue physical therapy while remaining off of work, on total temporary disability, for eight weeks. Multiple physical therapy progress notes interspersed throughout 2013 are reviewed, handwritten, sparse, and somewhat difficult to follow. On June 10, 2013, the applicant was returned to modified work with a rather proscriptive 3-pound lifting limitation and asked to employ a wrist brace. A later handwritten note of September 4, 2013 is again notable for comments that the applicant remained off of work, on total temporary disability, while continuing physical therapy and chiropractic manipulative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine Procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.

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

**Decision rationale:** The request is imprecise. Based on the description provided on the prior Utilization Review Report, it appears that this request represents a request for unspecified physical therapy modality to be performed during physical therapy. However, as of the date of the Utilization Report, November 12, 2013, the applicant was in the chronic-pain phase of the injury. As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and tapering or fading the frequency of physical therapy over time are recommended. In this case, it was not clearly stated what modality was being sought and/or why the applicant could not appropriately transition toward active therapy and active modalities, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request remains not certified, on Independent Medical Review.