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| <b>Case Number:</b>   | CM13-0066211 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 05/17/2012 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 12/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/16/2013 |

### 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 claimant is presented with a date of injury of May 15, 2012. At the time of injury, the patient was under the medical care of a private physician for low back injury that was sustained through a cumulative trauma. Her left wrist/hand injury was treated with a wrist brace. Medical attention was not offered. The patient filed a claim for left wrist injury and obtained referral for x-rays, which were obtained and showed no fractures or dislocations. MRI study was also done which revealed arthritis and possibly pathology in the thumb area. The patient has had 8 sessions of physical therapy for her left wrist during August through September 2013; however, no subjective benefits were noted from physical therapy or objective improvement documented. The September progress note indicated that the patient felt that physical therapy was exacerbating the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE LEFT WRIST:** 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 Page(s): 98-99, 114.

**Decision rationale:** The California MTUS guidelines 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. In this case, the patient has undergone previous physical therapy with no documentation of specific benefits, subjective or objective, that would have been derived from previous physical therapy. Maintenance care is not recommended. The request for physical therapy twice a week for four weeks for the left wrist is not medically necessary and appropriate.