

<b>Case Number:</b>	CM14-0002000		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 37 years old female with injury date of 6/14/2013. Per doctor's first report dated 6/17/2013 tingling is noted on the 5th digit of the right upper extremity. Impression was tenosynovitis of the right wrist. Positive findings include tenderness over volar aspect of the right wrist and distal forearm. All other neurologic and orthopedic examinations were within normal limit. This is consistent throughout multiple PR-2's which are identical and also consistent with the findings of [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 X4 WEEKS FOR THE RIGHT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

**Decision rationale:** According to MTUS guideline's recommendation, for myalgia/myositis, the type of condition this patient suffers from, 8-10 visits of physical therapy is recommended over 4 weeks and transition into home exercise program. In this case, patient had unknown number of

visits of physical therapy while documentation indicates there was no perceivable benefit from the treatment. The treating physician does not explain what is to be accomplished with additional therapy when the patient has not responded to therapy favorably thus far. Recommendation is for denial.