

<b>Case Number:</b>	CM14-0003271		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Minnesota. 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 injured worker is a 63-year-old female who reported a fall on April 20, 2009. In the clinical note dated August 26, 2013, it was noted that the injured worker continued to have discomfort in the left wrist with intermittent numbness and tingling in the left hand. It was also noted that the range of motion was improving. She had limited therapy with no additional therapy approved. The prescribed medication regimen of the injured worker included tramadol. The physical examination of the left upper extremity revealed mild supination actively with moderate supination passively, moderate active pronation of the left forearm, with mild tenderness to the dorsal and ulnar aspects of the left wrist and full range of motion in all digits of the left hand. Sensory and motor exams were intact with a negative Tinel's test. The diagnosis included status post left distal ulna impingement resection. The treatment plan included the continuation of therapy 3 times a week for an additional four weeks, a re-evaluation in 4 weeks and prescribed medications of Voltaren and Protonix. The Request for Authorization for continued occupational therapy three times per week for four weeks status post the left distal ulna impingement resection for the diagnosis of traumatic arthropathy of the forearm was submitted on August 28, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (3 TIMES PER WEEK FOR 4 WEEKS) #12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that physical medicine is recommended based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed in and expected to continue with active therapies at home as an extension of the treatment process in order to maintain improvement goals. Patient specific hand therapy is very important in reducing swelling, reducing pain and improving range of motion in CRPS. The frequency of physical therapy includes eight to ten visits over four weeks, allowing for the fading of treatment frequency from up to three visits per week to one or less. In the clinical notes provided for review, it was noted that the injured worker was still participating in active physical therapy with progress. However, it was not noted if the injured worker was participating in a home exercise program or how many sessions of physical therapy had been attended with measurable outcomes. The guidelines state that physical therapy is beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort; however, the clinical documentation lacked annotation of the injured worker having decreased or limited function and the injured workers' pain level status. The request for physical therapy, three times per week for four weeks, is not medically necessary or appropriate.