

<b>Case Number:</b>	CM14-0013619		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Internal 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 Patient is an injured worker with a right wrist condition. Date of injury was 05-23-2013. Physical therapy evaluation note was dated 06-07-2013. Orthopedic consultation note 07-11-2013 by [REDACTED] documented past physical therapy program for two weeks. [REDACTED] requested additional physical therapy with two visits a week for three weeks. Diagnosis was tendinitis of extensor of right middle finger on dorsum of right wrist. Orthopedic evaluation note 08-02-2013 by [REDACTED] documented the patient had been receiving physical therapy. Treatment plan included continuing physical therapy and chiropractic care three times a week for four weeks. MR arthrogram of wrist 08-29-2013 reported unremarkable MR arthrogram of wrist. Primary treating physician's report dated 09-27-2013 documented that the patient has received three sessions of physical therapy and chiropractic treatment. Diagnoses were right wrist derangement, tenosynovitis, osteoarthritis. Treatment plan included continuing physical therapy two times a week for right wrist. PR-2 primary treating physician's progress report 10-25-2013 documented treatment plan: complete PT sessions. Primary treating physician's report 11-22-2013 documented that the patient has completed all sessions of physical therapy. PR-2 primary treating physician's progress report 12-20-2013 documented physical examination unchanged. Treatment PT 3 times a week for four weeks. Utilization review dated 01-08-2014 recommended non-certification of the request for additional physical therapy 3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS TO BILATERAL WRIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines regarding Physical Therapy (PT) physical medicine guidelines: "Myalgia and myositis 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis 8-10 visits over 4 weeks. Official Disability Guidelines (ODG) Pain (Chronic) provides Physical Therapy (PT) physical medicine treatment guidelines: Arthritis (ICD9 715) medical treatment 9 visits over 8 weeks." Medical records documented that the all sessions of physical therapy were completed. Patient received physical therapy from June through November 2013, over a 20 week period. MTUS and the Official Disability Guidelines (ODG) recommend up to 10 visits over 8 weeks. Therefore, the request for additional Physical Therapy (PT) visits would exceed clinical guideline recommendations. Therefore, the request for additional physical therapy three times a week for four weeks to bilateral wrist is not medically necessary and appropriate.