

<b>Case Number:</b>	CM14-0130648		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Family 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:

This injured worker's date of injury is 10/2/2012. The initial injury was caused by twisting off a large bottle cap from a 2 L bottle. This patient is being treated for chronic left wrist pain from deQuervain's tendonitis and CMC arthritis. A TENS unit, occupational therapy, and medications including Norco have eased the pain. On 3/3/2014 this patient had trapezial resection arthroplasty of the left wrist with ligament reconstruction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Left Hand #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines:Forearm, Wrist & Hand Chapter, Physical Therapy.

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

**Decision rationale:** The treatment guidelines call for a fading of physical therapy followed by continuing a self-directed home exercise regime. The patient already had 12 occupational therapy sessions. The patient reports that the pain is better. The request for physical therapy is not medically necessary.

