

<b>Case Number:</b>	CM14-0132659		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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, 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 63 year-old patient sustained an injury on 1/15/13 from a fall while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2 x 6 weeks right wrist. The patient had distal radius and ulnar styloid fractures s/p open CTR, median nerve neurolysis, flexor tenosynovectomy and distal forearm fascia release on 8/21/13 with at least 8 Occupational Therapy Visits. Report of 2/3/14 noted limited right wrist range of motion with decreased sensation in fingers with grip weakness. Follow-up on 6/25/14 noted pain in bilateral wrists, shoulders, and left elbow with no objective exam noted. Diagnoses included right shoulder internal derangement; left shoulder strain; left elbow strain; right CTR; right wrist fracture; and right Guyon's canal. AME report of 4/7/14 noted the patient has reached MMI and opined no further surgery or physical therapy was indicated as the patient should be able to perform an independent home exercise program. The request(s) for Physical Therapy 2 x 6 weeks right wrist was non-certified on 8/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 X 6 weeks right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter.

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

**Decision rationale:** The request(s) for Physical Therapy 2 x 6 right wrist was non-certified on 8/13/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. Therefore, Physical Therapy 2 x 6 right wrist is not medically necessary.