

<b>Case Number:</b>	CM14-0141364		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Orthopedic Surgery 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 is a 42-year-old gentleman who was injured on 04/12/12. The medical records provided for review specific to the claimant's left hand and upper extremity included the progress report dated 08/15/14 describing continued complaints of left wrist pain, numbness, and tingling with activity. Physical examination showed pain with flexion and extension that was mildly limited with extension. There was tenderness to palpation diffusely over the dorsal, lateral, medial, and volar aspects of the wrist with positive Tinel's and Phalen's testing. The claimant's working diagnosis was left wrist and hand strain with dorsal segment instability. The recommendation was made for eight sessions of physical therapy in regard to the claimant's left hand and wrist. The medical records did not include any reports of imaging studies for review. The records documented that since the date of injury the claimant has undergone a significant course of conservative treatment to include formal physical therapy, immobilization, medication management, and activity restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 2Wks, Left Hand/Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Based on Chronic Pain Medical Treatment Guidelines, the request for additional physical therapy for this claimant is not recommended as medically necessary. The medical records document that the claimant has already undergone a significant course of formal physical therapy with no documentation of significant improvement or change in the claimant's clinical symptoms as a result of therapy. Without documentation of acute clinical findings, the continued use of eight sessions of physical therapy for the underlying diagnosis of left wrist sprain given the claimant's time frame from injury and physical therapy already utilized would not be supported.