

<b>Case Number:</b>	CM14-0156255		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 a 42 years old female with an injury date on 05/24/2014. Based on the 07/08/2014 Doctor's initial report provided by [REDACTED], the diagnoses are: 1. Laceration on the left forearm. 2. Left median nerve neuropraxia. According to this report, the patient complains of pain and tingling sensation to the left forearm. The 07/23/2014 report indicates "some patchy impaired sensation and dysesthesias in the median nerve distribution without motor weakness. Physical exam findings of the forearm/wrist and hand were within normal limits. The patient is capable to modified work with restriction for the left upper extremity of light duty work. There were no other significant findings noted on this report. The utilization review denied the request on 08/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/08/2014 to 07/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (2) times a week for (6) weeks for the Left Wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Excessive Therapy Page(s): 8; 98, 99.

**Decision rationale:** According to the 07/08/2014 report by [REDACTED] this patient presents with pain and tingling sensation to the left forearm. The treater is requesting physical therapy 2 times a week for 6 weeks for the left wrist. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show that the patient recently injured the left forearm, a short course of therapy may be reasonable. However, the treater request for 12 sessions of physical therapy given MTUS limitation of 10 sessions for the patient's condition. Therefore, the request for Physical Therapy (2) times a week for (6) weeks for the Left Wrist is not medically necessary and appropriate.