

<b>Case Number:</b>	CM14-0036747		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Nevada. 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 injured worker is a 36-year-old male who was reportedly injured on July 22, 2013. The mechanism of injury was noted as a rotational type event. The most recent progress note dated January 27, 2014, indicated that there were ongoing complaints of right distal upper extremity pain. The physical examination demonstrated a decreased grip strength on the right, tenderness to palpation over the right scaphoid region, and dorsal wrist tenderness. Diagnostic imaging studies objectified no acute pathology or surgical lesions being present. Previous treatment included 12 sessions of occupational therapy. A request had been made for physical therapy of the right hand and was not certified in the pre-authorization process on March 10, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eighteen (18) additional therapy sessions for the right hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule and taking into consideration the amount of therapy already completed and the physical examination reported, there was insufficient clinical evidence presented to establish the need for additional physical therapy. Therefore, the request for 18 additional therapy sessions for the right hand is not medically necessary and appropriate.