

<b>Case Number:</b>	CM14-0038714		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Physical Medicine and Rehabilitation, 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 40 year old with an injury date on 7/30/10. Based on the 2/28/14 progress report provided by [REDACTED] the patient's diagnoses include continuous trauma injury, cervical spine strain with radicular complaints, left shoulder/periscapular sprain/strain, lumbar spine strain with radicular complaints and left wrist tenosynovitis. An exam on 2/28/14 showed cervical spine reveals tenderness about the bilateral paraspinous and trapezial musculature. An examination of the left shoulder reveals range of motion including flexion of 90 degrees, abduction of 90 degrees, external rotation of 60 degrees, and internal rotation of 60 degrees. There is diffuse tenderness noted. An examination of the lumbar spine reveals tenderness over the bilateral paralumbar musculature with spasms on the right. There is slight decrease in range of motion in all fields. [REDACTED] is requesting physical therapy 1x4 of the left wrist. The utilization review determination being challenged is dated 3/7/14 and rejects request due to no physical examination to confirm diagnosis. [REDACTED] is the requesting provider, and he provided treatment reports from 1/31/14 to 5/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 1 X 4 LEFT WRIST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** This patient presents with stomach pain, right leg pain to the heel, left wrist pain, neck and left shoulder pain. The physician has asked physical therapy 1x4 left wrist on 2/28/14. Reviews of the reports do not show any evidence of recent physical therapy or surgeries. The MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, a short course of 4 physical therapy sessions for the left wrist is medically necessary for patient's persistent left wrist symptoms given lack of evidence of recent therapy. Therefore the request is medically necessary.