

<b>Case Number:</b>	CM14-0046087		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Pulmonary Diseases and is licensed to practice in California, Florida, New York. 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 28-year-old female who reported an injury on 07/15/2011. The mechanism of injury was lifting. Her diagnoses were noted as possible ganglion cyst of the left wrist, as well as depression. Her past treatments were noted to include medications, bracing, modified duty, and physical therapy. An 08/08/2013 Qualified Medical Examination indicated that she had been treated with physical therapy and had not improved. She then had additional therapy from 10/09/2013 through 10/29/2013, which consisted of 6 visits. She was noted to have made gains in range of motion in the left wrist with improvement in flexion from 69 degrees to 77 degrees, in extension from 46 degrees to 62 degrees, in ulnar deviation from 7 degrees to 16 degrees, and in radial deviation from 6 degrees to 11 degrees. In addition, her motor strength had improved from 3-/5 throughout the wrist to 3+/5 in all areas except extension, which was 3/5. On 01/15/2014, the injured worker was seen for complaints of left wrist pain. Her physical examination revealed tenderness to palpation of the left wrist, positive Phalen's and Tinel's signs of the left wrist, and a negative Finkelstein's test of the left wrist. Her range of motion was noted to be normal, but there was pain noted with motion. Her medications were noted to include Naprosyn and topical analgesics. The treatment plan included medication refills, a course of physical therapy, and acupuncture treatment. A specific rationale for these recommendations was not noted. The Request for Authorization form was submitted on 01/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week times 2 weeks left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to the California MTUS Guidelines, up to 10 visits of physical therapy may be supported in the treatment of unspecified neuritis to promote functional gains. The clinical information submitted for review indicated that the injured worker had undergone physical therapy following her injury without benefit and then she was shown to have undergone an additional 6 visits in 10/2013 with objective improvement. However, the total number of visits completed since her injury was not provided. In addition, the physical examination on 01/15/2014 failed to show any evidence of objective functional deficits to warrant physical therapy. In the absence of documentation of objective functional deficits and details regarding the previous number of visits completed, the requested physical therapy is not supported. As such, the request is not medically necessary.