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| <b>Case Number:</b>   | CM14-0053746 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 11/12/2007 |
| <b>Decision Date:</b> | 12/26/2014   | <b>UR Denial Date:</b>       | 03/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/22/2014 |

### 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 50 year old female with an injury date of 11/12/07. The physician's progress reports dated 03/04/14 indicates that the patient suffers from joint pain in forearm. QME report dated 01/24/14 states that the patient suffers from left wrist pain. QME report dated 12/04/13 states that the sharp, burning wrist pain travels to the index and middle finger. The pain is rated at 7-9/10. Pain is aggravated by twisting and lifting and alleviated by bracing and soaking. Tinsel's and Finkelstein's tests are positive on the left wrist. The patient suffered from left wrist dorsal ganglion cyst and had an arthroscopic surgery on 05/17/11 for synovitis chondral lesion, dorsal ganglion cyst, and partial ligament tear, as per QME report dated 01/24/14. List of medications, as per 03/04/14 progress report, Divalproex sodium, Hydroxyzine HCL, Losartan, Simvastatin, Tylenol, and Verapamil. She received a steroid injection for her wrist which benefited her immensely, as per the same report. As per physician's report dated 12/03/13, the patient is working for five hours each day and is not receiving any medications. Diagnosis, 03/04/14: Joint pain, forearm. The treater is requesting for physical therapy left wrist/hand 1 times 6. The utilization review determination being challenged is dated 03/28/14. The rationale was that "current medical records are non-specific regarding the claimant's current diagnosis or rationale for supervised rather than independent physical therapy at this time." Treatment reports were provided from 12/03/13 - 03/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy left wrist/hand 1 times 6: 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 left wrist pain, rated at 7-9/10, traveling to the index and middle finger, as per QME report dated 12/04/13. The request is for physical therapy left wrist/hand 1 times 6. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the available reports do not document prior physical therapy. In the progress report dated 03/04/14, the treater states that "I believe it is an opportune time for her to have physical therapy." The patient works for 5 hours without receiving any medications, as per progress report dated 12/03/13. The progress reports, however, do not list the subjective and objective findings associated with the patient's condition, apart from a diagnosis of left forearm joint pain. The QME reports also indicate left wrist pain. Based on these indications, the treater's request for 6 physical therapy sessions falls within the MTUS recommendation for myositis and myalgia. The request is medically necessary.