

<b>Case Number:</b>	CM14-0056410		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Family Medicine 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:

This 73-year-old patient reported an industrial injury to the right hand/wrist on 6/6/2002, over twelve (12) years ago, attributed to the performance of his customary job tasks. The patient reported that the pre-existing fracture to the right wrist was aggravated/exacerbated by the performance of his job duties. The patient was evaluated in follow up for bilateral shoulder pain and wrist pain. The patient was noted to be completing PT; however, the right wrist had diminished ROM due to the s/p fusion of the right wrist. The patient was noted to have completed 42 sessions of PT. The patient requested a second right wrist brace that was custom made by the physical therapist. The brace was reported to be less restrictive and more supportive. The patient requested a second brace "so he can alternate with as they become worn and dirty." The objective findings on examination included a well healed scar to the dorsal right wrist and ROM decreased by 30%; TTP; negative Tinel's test." The diagnoses were pain in joint and pain in upper arm. The treatment plan included 1x6 additional sessions of PT and another wrist brace. The patient is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 1 X 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and hand complaints PT/OT;

**Decision rationale:** The patient has been documented have received 42 prior sessions of physical therapy/occupational therapy for the stated diagnoses of right wrist pain attributed to the cited diagnoses and exceeded the number recommended by evidence-based guidelines. There is no evidence that the patient is participating in a self-directed home exercise program. There is no objective evidence documented by on physical examination that demonstrates the medical necessity of additional PT over the participation of the patient in HEP. The request for 1x6 additional sessions of PT as opposed to a self-directed home exercise program is not supported with objective evidence to demonstrate medical necessity. The patient is noted to have normal strength and 30% decreased ROM with only tenderness documented to the right wrist s/p fusion. The patient is permanent and stationary. The Official Disability Guidelines/MTUS recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS and the Official Disability Guidelines for treatment of the left wrist and hand. The medical records document that the patient has improved significantly with the previously authorized physical therapy and should be integrated into a self-directed home exercise program. The provided 42 sessions of PT to the right wrist is in excess of the CA Statutory Cap for the number of sessions of PT per industrial injury. The medical necessity of additional sessions is not supported in the provided clinical documentation as opposed to participating in a home exercise program for conditioning and strengthening. The hand/upper extremity exercises learned in physical therapy should be integrated into a self-directed home exercise program. There is no medical necessity for an additional 1x6 sessions of PT.

**DME RT WRIST BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand---Splints.

**Decision rationale:** The requested right wrist brace is not demonstrated to be medically necessary for the treatment of the effects of the industrial injury 12 years ago and was not demonstrated to be medically necessary. There is no objective evidence provided to support the medical necessity of a wrist brace for the diagnosis of s/p right wrist fusion with no objective findings documented for the right wrist other than tenderness. The patient is documented to have received a custom right wrist brace but has requested a second brace to alternate while cleaning.

There are no documented objective findings on examination to support the medical necessity of the requested second right wrist brace. There are no recommendations by evidence-based guidelines for a second brace to use while washing or cleaning the previously authorized brace.