

<b>Case Number:</b>	CM14-0059454		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 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 underlying date of injury in this case is 06/11/2013. The mechanism of injury is that this patient was trying to help a child who tripped over a chair and fell down and landed on her outstretched left hand. The patient's treating diagnosis is tenosynovitis of the left wrist. On 06/11/2013, the treating orthopedic surgeon saw the patient in follow-up and expressed concern that a recent request for physical therapy had been denied. The patient reported she was doing well and improved significantly and that pain had decreased. The patient's neurological exam was normal, and the patient's vascular exam was normal. The patient's extensor tendon symptoms appeared to be very minimal with hardly any swelling. X-rays did not demonstrate any acute problems. The treating physician opined that physical therapy would be significantly helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times per week for 3 weeks:** Upheld

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

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends transition to independent active home rehabilitation. The medical records in this case indicate that the patient has done well with supervised physical therapy and would be anticipated to have transitioned to such an independent home rehabilitation program by this time. The treating physician notes opine that the patient would benefit from additional physical therapy. However, there are no stated goals or rationale as to why additional therapy need be supervised rather than independent from home. The treatment guidelines do not support this request. This request is not medically necessary.