

<b>Case Number:</b>	CM14-0063393		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 41-year-old male with date of injury of 03/28/2012. Per treating physician's handwritten note, 04/04/2014, the patient has right wrist pain at 4/10, low back pain at 6/10, intermittent legs and buttocks to thigh. Lister diagnoses are: sciatica, derangement to the right wrist. Request authorization for 6 visits of chiropractic and 8 visits of physical therapy for right wrist, spine ortho consult, ARP stimulation, LSO brace, NCV/EMG upper and lower extremities. Review of QME report from 04/03/2014 makes a reference to 4 sessions of physical therapy for wrist and another one scheduled for 04/04/2014. No other treatments were provided apparently.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (8) visits for right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation ACOEM chapters 8, pg 178, chapter 12, pg 9, 298, and 301.

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

**Decision rationale:** This patient presents with chronic persistent right wrist pain. The current request is for physical therapy 8 sessions to address the patient's right wrist. This request was

found on progress report dated 04/04/2014. This progress report is a handwritten and does not provide patient's treatment history. Review of QME report 04/03/2014 makes reference to 4 sessions of physical therapy for wrist and another one scheduled on 04/04/2014. Therefore, it would appear that the patient had some course of physical therapy up to 5 sessions for the patient's right wrist. MTUS Guidelines for myalgia, myositis, neuritis, neuralgia-type of condition, recommend 9 to 10 sessions of physical therapy. In this case, the treating physician does not discuss the patient's therapy treatment history, and what kind of response this patient had from prior to therapy. There is no discussion as to what is to be accomplished with additional and ongoing physical therapy. Given that the patient already had at least 5 sessions of physical therapy, additional 8 sessions is not supported by MTUS Guidelines without a good rationale and explanation as to why therapy should be continued. Recommendation is for denial.