

<b>Case Number:</b>	CM14-0077666		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Emergency 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 patient had a reported date of injury on 1/21/2014. The mechanism of injury is contradictory. The emergency department reported on the day of injury and follow-up with an Ear, Nose, Throat (ENT) specialist reported mechanism as a fall from a bicycle while further progress noted it was a fall from a ladder while working. The patient is noted to have sustained left facial laceration, left facial fractures and a left hand fracture. The last list of diagnosis was post traumatic laceration of scalp, left facial fracture, left wrist sprain and tendinitis. The last report is available until 4/16/14. The patient complains of left wrist pain, left nasal pain, left head pain, lacerations and muscle weakness. An objective exam reveals the left wrist with good range of motion with tenderness to flexor tendon of dorsum of wrist and decreased sensation and weakness. A Maxillofacial CT scan (1/21/14) revealed left anterior maxillary sinus fracture with mild depression, subcutaneous air in left face and left nasal fracture involving the septum. The Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the left wrist (4/16/14) was normal. The left wrist X-ray (1/21/14) revealed avulsion fracture dorsal wrist region, unknown origin, potentially triquetrum. An MRI of left wrist (4/8/14) reveals non-union fracture of radial aspect of distal radius extending to joint space. A small effusion ultrasound of the left wrist (4/16/14) reveals mild cortical irregularities and effusion and findings consistent with chronic inflammatory and osteoarthritis changes. No medication list was provided in the record. The progress notes mention that the patient is to be prescribed Ibuprofen, Gabapentin and Topical Analgesic Cream. An acupuncturist request was noted in the records but no other treatments were documented. The Independent Medical Review is for Physical Therapy 3/week for 6 weeks (18 total) of left wrist. The prior Utilization Review (UR) is dated 5/1/14 recommended modification to 8 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 time 6 weeks Left Wrists:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Occupational Therapy

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, physical therapy may be recommended under certain criteria. It has evidence of improvement in pain and function. Guidelines recommend fading frequency from 3/week to 1/week. The condition that patient has a recommendation of 8-10 physical therapy visits. Since the recommendation does not meet MTUS guidelines for fading frequency and the total number requested exceed the recommended 8-10 sessions, the requested physical therapy totaling 18sessions are not medically necessary.