

<b>Case Number:</b>	CM14-0124644		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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:

This 21 year old male sustained work related industrial injuries on October 6, 2012 .The mechanism of injury involved cumulative trauma. He subsequently complained of bilateral wrist pain. The injured worker was diagnosed and treated for bilateral wrist strain. Treatment consisted of radiographic imaging, nerve diagnostic studies, laboratory studies, physical therapy recommendations and periodic follow up visits. Electromyography report performed on March 24, 2014 revealed a normal nerve conduction study with no evidence of entrapment and neuropathy. According to the treating physician report dated May 28, 2014, the injured worker continues to complain of pain in wrist with numbness and tingling. Physical examination revealed diffuse tingling, wrist pain with some decreased sensation. Recommendation was for a physical therapy program. There was no physical therapy sessions included for medical review. The treating physician prescribed services for physical therapy sessions for bilateral wrist 3x 4 weeks now under review. On July 18, 2014, Utilization Review evaluated the prescription for physical therapy sessions for bilateral wrist 3x4 weeks requested on July 11, 2014. Upon review of the clinical information, UR modified the request to 1x3 weeks of physical therapy sessions for the right wrist noting the lack of documentation to substantiate the medical necessity and the requested amount exceeds MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 bilateral wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** This 21 year-old male sustained work related cumulative trauma injury to bilateral wrists on 10/06/12. Diagnosis and treatment relates to bilateral wrist strain. Treatment consisted of radiographic imaging, nerve diagnostic studies, laboratory studies, physical therapy recommendations and periodic follow up visits. Electromyogram/nerve conductive verbosity (EMG/NCV) of the upper extremities on 3/24/14 revealed a normal nerve conduction study with no evidence of entrapment and neuropathy. Report of 5/18/14 from the provider noted the patient continues to complain of pain in wrist with numbness and tingling. Physical examination revealed diffuse tingling, wrist pain with some decreased sensation. Recommendation was for a physical therapy program. Therapy request was modified in accordance to guidelines criteria. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2012 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 3x4 bilateral wrists is not medically necessary and appropriate.