MAXIMUS Federal Services

| Case Number: | CM14-0204483 | | |
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| Date Assigned: | 12/16/2014 | Date of Injury: | 07/24/2014 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

## 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, has a subspecialty in Pain 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:

The injured worker is a 41 year-old male with an original date of injury on 7/24/2014. The patient became injured while he was doing assembling work and his right wrist was cut by sheet metal. The industrially related diagnosis is right forearm laceration. An xray of the right wrist on 9/17/2014 showed no fracture, no subluxations and no soft tissue calcification or foreign object seen. The patient was treated with Norco for pain. The patient has had 12 prior physical therapy sessions. The disputed issue is the request for additional 8 sessions of physical therapy to the right wrist and forearm twice a week for 4 weeks. A utilization review dated 11/13/2014 has non-certified this request. The stated rationale for denial was there was no information to support the need for more physical therapy, after the patient has already completed 12 sessions. Therefore, this request was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks for the right wrist and right forearm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. In an orthopedic follow up note from 11/6/2014, there is documentation of completion of prior PT sessions, with subjective improvement. However, it is unclear why remaining deficits cannot be addressed within the context of an independent home exercise program. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.