

<b>Case Number:</b>	CM15-0000013		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 27 year old male who sustained an industrial injury reported on 11/1/2013. He has reported ongoing right wrist pain with numbness and tingling. The diagnoses have included status post right wrist surgery with pinning; lumbar spine spinal stenosis; and right thumb. Treatments to date have included consultations; diagnostic imaging studies; 24 sessions of physical therapy; chiropractic and acupuncture treatments; and medication management. The work status classification for this injured IW was noted to be temporarily totally disabled and not working. On 12/16/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/11/2014, for 6 physical therapy sessions for the lumbar spine and right wrist/hand (2 x a week x 3 weeks). The complete UR was not available for my review to identify which recommendations were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy sessions for the lumbar spine and right wrist/hand x 12: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for ongoing right wrist pain with numbness and tingling. Treatments have included surgery and extensive physical therapy. In this case, the claimant has already had extensive physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.