

<b>Case Number:</b>	CM15-0101215		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 49 year old female, who sustained an industrial injury on October 13, 2014. She reported an injury to her right wrist and was diagnosed with a right radial/ulnar fracture. Treatment to date has included open reduction and internal fixation of the right distal radius fracture and carpal tunnel release, imaging of the right wrist, casting/splinting, activity restrictions, and occupational therapy. Currently, the injured worker complains of pain and stiffness in the right wrist with limited range of motion. She reports difficulty with fine motor movements such as writing and applying make-up. She reports diminished grip strength. The diagnoses associated with the request include distal radius fracture, arthrofibrosis and ulnar neuropathy. The treatment plan includes continued occupational therapy, modified work duty, home exercise program and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manual therapy techniques, twice weekly for six weeks for the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-60.

**Decision rationale:** Per the MTUS, Manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, Not medically necessary. Recurrences/flare-ups, Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Per the MTUS/ACOEM, Manipulation has not been proven effective for patients with pain in the hand, wrist, or forearm. However from a review of the injured workers medical records it is not clear if she has had manual therapy techniques in the past, how many she received and if there was any functional improvement with the therapy, in light of this there does not appear to be any reason to deviate from the guidelines. Therefore the request for Manual therapy techniques, twice weekly for six weeks for the right wrist is not medically necessary.

**Electrical stimulation, twice weekly for six weeks for the right wrist:** Upheld

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

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

**Decision rationale:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8- 10 visits over 4 weeks. A review of the injured workers medical records reveal that she has had physical therapy and is continuing a home exercise regimen and has met some of the goals, there does not appear to be any reason for any additional therapy beyond what is recommended by the guidelines. Therefore the request for electrical stimulation, twice weekly for six weeks for the right wrist is not medically necessary.

**Ultrasound, twice weekly for six weeks for the right wrist:** Upheld

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

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

**Decision rationale:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8- 10 visits over 4 weeks. A review of the injured workers medical records reveal that she has had physical therapy and is continuing a home exercise regimen and has met some of the goals, there does not appear to be any reason for any additional therapy beyond what is recommended by the guidelines. Therefore the request for ultrasound, twice weekly for six weeks for the right wrist is not medically necessary.

**Dynamic activities twice weekly for six weeks for the right wrist: Upheld**

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

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

**Decision rationale:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8- 10 visits over 4 weeks. A review of the injured workers medical records reveal that she has had physical therapy and is continuing a home exercise regimen and has met some of the goals, there does not appear to be any reason for any additional therapy beyond what is recommended by the guidelines. Therefore the request for dynamic activities twice weekly for six weeks for the right wrist is not medically necessary.

**Neuromuscular reeducation, twice weekly for six weeks for the right wrist: Upheld**

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

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

**Decision rationale:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8- 10 visits over 4 weeks. A review of the injured workers medical records reveal that she has had physical therapy and is continuing a home exercise regimen and has met some of the goals, there does not appear to be any reason for any additional therapy beyond what is recommended by the guidelines. Therefore the request for neuromuscular reeducation, twice weekly for six weeks for the right wrist is not medically necessary.

**Therapeutic exercises, twice weekly for six weeks for the right wrist: Upheld**

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

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

**Decision rationale:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8- 10 visits over 4 weeks. A review of the injured workers medical records reveal that she has had physical therapy and is continuing a home exercise regimen and has met some of the goals, there does not appear to be any reason for any additional therapy beyond what is recommended by the guidelines. Therefore the request for therapeutic exercises, twice weekly for six weeks for the right wrist is not medically necessary.

**Development of cognitive skills, twice weekly for six weeks for the right wrist: Upheld**

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

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

**Decision rationale:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8- 10 visits over 4 weeks. A review of the injured workers medical records reveal that she has had physical therapy and is continuing a home exercise regimen and has met some of the goals, there does not appear to be any reason for any additional therapy beyond what is recommended by the guidelines. Therefore the request for development of cognitive skills, twice weekly for six weeks for the right wrist is not medically necessary.

**Paraffin bath, twice weekly for six weeks for the right wrist: Upheld**

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

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

**Decision rationale:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8- 10 visits over 4 weeks. A review of the injured workers medical records reveal that she has had physical therapy and is continuing a home exercise regimen and has met some of the goals, there does not appear to be any reason for any additional therapy beyond what is recommended by the guidelines. Therefore the request for Paraffin bath, twice weekly for six weeks for the right wrist is not medically necessary.

**Self care management training, twice weekly for six weeks:** Upheld

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

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

**Decision rationale:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8- 10 visits over 4 weeks. A review of the injured workers medical records reveal that she has had physical therapy and is continuing a home exercise regimen and has met some of the goals, there does not appear to be any reason for any additional therapy beyond what is recommended by the guidelines. Therefore the request for self care management training, twice weekly for six weeks for the right wrist is not medically necessary.