

<b>Case Number:</b>	CM15-0104655		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old male, who sustained an industrial injury on November 18, 2014. The injured worker was diagnosed as having a closed fracture of an unspecified part of the radius. Treatment to date has included physical therapy, x-rays, and medication. Currently, the injured worker complains of right wrist pain and weakness with occasional hip and rib pain. The Primary Treating Physician's report dated April 27, 2015, noted the injured worker was currently in physical therapy which seemed to be helping. Right wrist x-rays were noted to show the fracture healed. The treatment plan was noted to include a request for authorization for an additional twelve sessions of physical therapy for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Physical Therapy right wrist 12 sessions, 3x4: 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:** The request to continue Physical Therapy right wrist 12 sessions, 3x4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The patient has already completed 12 visits for PT and the current progress note does not indicate evidence of physical exam findings that would necessitate an additional 12 supervised PT visits. The patient should be transitioned and competent at this point to participate in an independent home exercise program. The request for physical therapy is not medically necessary.