

<b>Case Number:</b>	CM15-0105735		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: 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 29 year old male, who sustained an industrial injury on 8/21/2014. He reported falling about 14 feet onto concrete. Diagnoses have included healed scaphoid fracture of the right wrist and DeQuervain's tenosynovitis. Treatment to date has included a wrist immobilizer, physical therapy and medication. According to the progress report dated 5/5/015, the injured worker complained of right wrist pain rated 5/10. He reported that he was not working due to no light duty work available. Exam of the right wrist revealed tenderness. Authorization was requested for additional 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:

**Additional physical therapy 2 x week x 4 weeks, right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The claimant sustained a work injury and August 2014 after falling on concrete. He sustained a right wrist scaphoid fracture and has DeQuervain's tenosynovitis. Treatments have included medications, a wrist splint, and he completed six therapy treatments in October and November 2014. When seen, he was having ongoing pain rated at 5/10. Physical examination findings included right wrist tenderness. There was decreased range of motion and decreased grip strength. The claimant is more than 6 months status post injury and is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.