

<b>Case Number:</b>	CM15-0131819		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/08/2013
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 28 year old male who sustained an industrial injury on 12-8-2013. His arm got caught in a conveyer belt. He has reported right wrist-hand pain and has been diagnosed with right wrist pain, right wrist sprain strain, right wrist tendinopathy, and rule out carpal tunnel, right wrist. Treatment has included medical imaging and medications. There was minimal swelling across the volar aspect of the right wrist. There was tenderness to palpation across the transcarpal ligament volarly along the right wrist. There was an amputated left right finger below or proximal interphalangeal joint. There was close to normal range of motion of the right wrist in extension and flexion, and ulnar and radial deviation. The treatment plan included X-rays, physical therapy, and medications. The treatment request included physical therapy for the right wrist 2 x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy right wrist 2x6:** 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 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right wrist two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are wrist sprain strain; and wrist/hand pain. Date of injury is December 8, 2013. Request for authorization is June 11, 2015. According to a May 27, 2015 progress note, the documentation is illegible, but partially readable. Objectively, there is tenderness palpation over the right wrist. The physical therapy prescription accompanying the progress note stated continue physical therapy two times per week times six weeks. There were no physical therapy notes from physical therapy previously rendered. Utilization review indicates the injured worker received six physical therapy sessions. The documentation did not demonstrate objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, total number of physical therapy sessions in the medical record and objective functional improvement associated with physical therapy, physical therapy right wrist two times per week times six weeks is not medically necessary.