

<b>Case Number:</b>	CM15-0138373		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 44 year old female, who sustained an industrial injury on 2/19/13. She reported pain in the right wrist. The injured worker was diagnosed as having status post right De Quervain's release. Treatment to date has included physical therapy x 20 sessions, Norco and Tramadol. On 4/21/15 the injured worker reported that her right wrist was constantly numb and tingling with radiation to the right thumb. As of the PR2 dated 6/23/15, the injured worker reports continued pain in the right wrist. Objective findings include tenderness to palpation in the right wrist and a positive Finkelstein's test. The treating physician requested continued physical therapy 2 x weekly for 2 weeks for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy 2x2 (right wrist): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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 in February 2013 and underwent a right DeQuervain's release in November 2013. She had postoperative physical therapy. When seen, she had completed approximately 20 physical therapy sessions including therapy in June 2015 which had helped. Physical examination findings included right wrist tenderness and pain with range of motion. Finkelstein's testing was positive. Authorization for an additional four therapy treatment sessions was requested. The claimant is being treated for chronic pain as the post-operative treatment period has been exceeded with no new injury and has recently had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed / appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.