

<b>Case Number:</b>	CM15-0145407		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old female who sustained an industrial/work injury on 1-22-12. She reported an initial complaint of left wrist pain. The injured worker was diagnosed as having sprain, strain of left wrist. Treatment to date includes medication, physical therapy, orthopedic evaluation, surgery ( left wrist arthroscopy, open curette of scaphoid cyst, and bone graft, excision of posterior interosseous neuroma and burial bone on 8-22-13), and diagnostics. MRI results were reported in 2013 4-17-12, 3-26-13, and 4-28-14. CT scan results of the left wrist were reported on 5-14-13. X-ray results of the left wrist were reported on 2-25-13 and 1-26-15. Currently, the injured worker complained of chronic progressive pain in her shoulder, arm, and wrist over the past 3 years with weakness in the left arm and left hand. Pain is rated 8 out of 10. Per the primary physician's report (PR-2) on 6-30-15, gait was normal, tenderness to palpation over the lateral epicondyle, restricted range of motion, motor strength limited by pain at 4+ out of 5, light touch sensation is decreased over medial hand, lateral hand on the left side. The requested treatments include 12 physical therapy sessions to the left wrist and referral to orthopedic surgeon for left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions to the left wrist (2 times a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015.

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

**Decision rationale:** The patient presents with pain in the shoulder, arm and wrist with associated weakness in the left arm and hand. She underwent left wrist arthroscopy on 8/22/13 and is not had any surgery since then. The current request is for 12 physical therapy sessions to the left wrist (2x6). The treating physician report dated 6/30/15 (22b) states, "We will at this time request additional physical therapy for the left upper limb and scapula sprain. Recommend twice a week for six weeks, for a total of 12 visits." The MTUS guidelines allow for 8-10 physical therapy sessions for myalgia and neuritis pain. In this case, the treating physician has not documented any recent surgery and the patient has previously completed physical therapy and was instructed in a home exercise program. There is no medical rationale provided to support additional physical therapy outside of the MTUS guidelines. The current request is not medically necessary.

**Referral to orthopedic surgeon for left wrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004), Chapter 7 on Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

**Decision rationale:** The patient presents with pain in the shoulder, arm and wrist with associated weakness in the left arm and hand. She underwent left wrist arthroscopy on 8/22/13 and is not had any surgery since then. The current request is for referral to orthopedic surgeon for the left wrist. The treating physician states, "In terms of surgical intervention, this patient has needed a surgical referral with [REDACTED] for second opinion." The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including surgery may be required. Recommendation is for authorization.