

<b>Case Number:</b>	CM15-0169382		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/27/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: 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 37 year old, male who sustained a work related injury on 5-27-15. The diagnosis has included pain in joint forearm. He is currently being treated for right wrist pain. Treatments in the past include acupuncture (not beneficial), biofeedback (not beneficial), chiropractic treatments (not beneficial), hypnosis (not beneficial), massage (not beneficial), and physical therapy (not beneficial, number of sessions not known). Current treatments are unknown. Medications he is currently taking are unknown. In the visit note dated 7-13-15, the injured worker reports right wrist pain. He rates his pain level an 8 out of 10. He describes the pain as aching and sharp. Pain gets better with rest. Use of the hand makes pain worse. No physical exam performed. He is working modified duty. The treatment plan includes medicated topical cream and right hand therapy (per Application for medical review). The Utilization Review, dated 7-23-15, states "since fundamentally the diagnosis is not noted, therefore, the goals or methods for physical therapy at this time would be unknown. Therefore, Hand Therapy of the Right Hand 12 sessions is not medically necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Therapy for the Right Hand, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in May 2015 and is being treated for right wrist pain while performing demolition on a construction site. In July 2015, treatments had included massage, physical therapy, chiropractic care, and treatments from a hypnotist all of which had not helped. When seen, he was having bilateral hand pain. Physical examination findings included normal wrist range of motion. There was radial wrist tenderness bilaterally. Authorization is being requested for 12 sessions of therapy. In terms of physical therapy for a wrist strain / sprain, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the claimant has already had physical therapy without reported benefit. The number of additional visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be any more effective. The request is not medically necessary.