

<b>Case Number:</b>	CM15-0184829		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/03/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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(n) 45 year old male, who sustained an industrial injury on 3-3-13. The injured worker was diagnosed as having pain in wrist and hand pain. The PR2 on 4-6-15 indicated a positive Phalen's and Tinel's sign in the right wrist and 3 out of 5 right hand strength. The physical exam (5-13-15 through 6-23-15) revealed 4 out of 10 pain, "decreased" range of motion in all directions in the right wrist and able to make a full fist. Treatment to date has included acupuncture x 6 sessions started on 8-14-15, an MR arthrogram of the right wrist on 9-3-14 showing a perforated triangular fibrocartilage complex, physical therapy (ending in 4-2015), Biofreeze and Ibuprofen. As of the PR2 dated 8-5-15, the injured worker reports chronic pain in the right wrist. He rates his pain 4 out of 10. Objective findings include "decreased" range of motion in all directions in the right wrist and able to make a full fist. The treating physician requested physical therapy to the right wrist x 6 sessions. The Utilization Review dated 8-26-15, non-certified the request for physical therapy to the right wrist x 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the right wrist, 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy in the form of passive therapy for the wrist/hand is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 8-10 supervised physical therapy visits over 8 weeks for wrist pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, physical therapy was already recommended and completed for the wrist. What was missing from the documentation was sufficient evidence of functional improvements and pain/symptom reduction due to these prior sessions being completed and this was not reported in the notes. This request was made in order to help the worker improve home exercises; however, there was no mention of the worker having difficulty performing home exercises to warrant this request. Therefore, the 6 sessions of physical therapy for the right wrist will be considered not medically necessary at this time.