

<b>Case Number:</b>	CM15-0190019		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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

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 29 year old female, who sustained an industrial injury on 4-30-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right wrist pain most likely due to de Quervain's with MRI showing small fusion of the thumb carpometacarpal (CMC) joint. On 9-3-2015, the injured worker reported radial sided right wrist pain. The Treating Physician's report dated 9-3-2015, noted the injured worker currently off work, with symptoms not changed much since the previous visit and no change in the injured worker's status. The physical examination was noted to show the right wrist tender to touch over the radial styloid with discomfort with Finkelstein's maneuver and minimal tenderness to the touch over the carpometacarpal (CMC) joint of the thumb, unchanged since the 7-30-2015 examination. The injured worker was noted to have negative electromyography (EMG)-nerve conduction study (NCS) of the bilateral upper extremities. Prior treatments have included physical therapy with the injured worker noted to remain symptomatic. The documentation provided did not include previous physical therapy progress notes or documentation of the frequency, duration, or goal directed response to treatment of previous therapy. The treatment plan was noted to include resumption of physical therapy and immobilization. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 9-9-2015, requested physical therapy, right wrist, 2 times weekly for 6 weeks, 12 sessions. The Utilization Review (UR) dated 9-18-2015, modified the request for physical therapy, right wrist, 2 times weekly for 6 weeks, 12 sessions, to physical therapy 2 times a week 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:

**Physical therapy, right wrist, 2 times weekly for 6 weeks, 12 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:** Review indicates the request for PT was modified for 4 sessions. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy, right wrist, 2 times weekly for 6 weeks, 12 sessions is not medically necessary and appropriate.