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| <b>Case Number:</b>   | CM15-0191645 |                              |            |
| <b>Date Assigned:</b> | 10/05/2015   | <b>Date of Injury:</b>       | 11/13/2011 |
| <b>Decision Date:</b> | 11/12/2015   | <b>UR Denial Date:</b>       | 09/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2015 |

### 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: Arizona, California

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 58 year old female injured worker suffered an industrial injury on 11-13-2011. The diagnoses included right wrist sprain-strain with dorsal subluxation of distal ulna. On 8-21-2015 she stated the numbness to the hands was getting worse. The goals of treatment included reduction in inflammation, reduction in pain, improvement in range of motion and strength to allow better function and ability to perform activities of daily living. The provider noted the recommendation was "to continue her physical therapy". The documentation provided did not indicate when and how many physical therapy sessions that had already taken place and evaluation of progress. The medical record did not include exam details on the 8-21-2015 for the wrists. Prior treatment include over the counter medication per the provider. The Utilization Review on 9-2-2015 determined non-certification for Physical therapy bilateral wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy bilateral wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the guidelines, physical therapy for most musculoskeletal disorders allows for up to 8-10 sessions of therapy. In this case, the amount of prior therapy is unknown. Response to therapy or progress notes are not provided. There is no indication that exercise cannot be performed at home. The request for wrist therapy is not justified and not medically necessary.