

<b>Case Number:</b>	CM15-0192620		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Emergency Medicine

### 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 27 year old male, who sustained an industrial injury on 07-25-2014. He has reported injury to the right wrist. The diagnoses have included right wrist strain-sprain. Treatment to date has included medications, diagnostics, activity modification, and physical therapy. Medications have included Motrin. A progress report from the treating provider, dated 09-03-2015, documented an evaluation with the injured worker. The injured worker reported constant pain in the right wrist; the pain is rated at 8.5 out of 10 in intensity; and there is no numbness or tingling. Objective findings included right wrist tenderness. The treatment plan has included the request for additional physical therapy 5 sessions for the right wrist. The original utilization review, dated 09-11-2015, non-certified the request for additional physical therapy 5 sessions for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 5 sessions for the right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM Chapter 6 Pain, Suffering, and the Restoration of Function Chapter (Forearm, Wrist & Hand- Physical Therapy).

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

**Decision rationale:** The requested Additional physical therapy 5 sessions for the right wrist is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has constant pain in the right wrist; the pain is rated at 8.5 out of 10 in intensity; and there is no numbness or tingling. Objective findings included right wrist tenderness. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Additional physical therapy 5 sessions for the right wrist is not medically necessary.