

<b>Case Number:</b>	CM15-0204089		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 male worker who sustained an industrial injury on December 20, 2013. The worker is being treated for: work related fall right wrist injury; chronic pain syndrome. Subjective: March 12, 2015, intermittent and frequent pain in wrist and had that radiates to the wrist, fingers, right side. July 20, 2015, August 12, 2015, "pain and numbness," right hand, ongoing discomfort in the right wrist with "some improvement" of the numbness following a recent injection. Objective: July 20, 2015 tenderness over the dorsum of the right wrist; does not have active flexion of extension of the wrist; appears fused. Medication: April 09, 2015: Tramadol, Flexeril, and Prilosec. March 12, 2015: Ultram, Prilosec, Flexeril, Flurbiprofen, and Motrin discontinued. August 12, 2015: Tramadol, Flexeril, and Prilosec. August 12, 2015 prescribed Norco. Diagnostic: nerve conduction study performed April 07, 2015, MRI March 27, 2015, and radiographic study June 17, 2015. Treatment: August 18, 2015 underwent right CTR, status post right radiocarpal fusion, activity modification, medication, acupuncture, pain management. On September 09, 2015 a request was made for physical therapy 12 sessions treating the right wrist that was modified by Utilization Review on September 16, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the right wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the right wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are avascular necrosis wrist bone lunate; status post right wrist arthrodesis fusion; possible neuropathy; right wrist strain; right median neuropathy; right carpal tunnel syndrome; right TFCC tear; and status post right median nerve release surgery. Date of injury is December 20, 2013. Request for authorization is September 9, 2015. According to an August 18, 2015 operative note, the injured worker status post right carpal tunnel release. According to a September 3, 2015 progress note, the injured worker complains of discomfort about the surgical site. Objectively, there is tenderness, spasm and decreased range of motion at the wrist. Documentation appears to indicate the injured worker has not received postoperative physical therapy as of this date. The treating provider requested 12 sessions of occupational therapy. The guidelines recommend a six visit clinical trial. With objective functional improvement, additional physical therapy may be clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline recommendations of a six visit clinical trial without evidence of prior physical therapy and objective functional improvement, physical therapy two times per week times six weeks to the right wrist is not medically necessary.