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| <b>Case Number:</b>   | CM15-0206491 |                              |            |
| <b>Date Assigned:</b> | 10/23/2015   | <b>Date of Injury:</b>       | 01/14/2015 |
| <b>Decision Date:</b> | 12/04/2015   | <b>UR Denial Date:</b>       | 10/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2015 |

### 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 47 ( ) year old female, who sustained an industrial injury on 1-14-2015. The injured worker is being treated for left wrist sprain-strain, left wrist tenosynovitis and rule out carpal tunnel syndrome. Treatment to date has included medications, 8 chiropractic visits, 24 acupuncture sessions and physical therapy. Per the Primary Treating Physician's Progress Report, dated 9-11-2015, the injured worker reported left wrist pain rated as 8 out of 10 with pain into the forearm and elbow. Objective findings of the left wrist included decreased, painful ranges of motion and tenderness to palpation of the hypthenar and medial wrist. Per the medical records dated 4-22-2015 to 9-11-2015 there is no documentation of functional improvement including improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to prior physical therapy. Work status was to remain off work until 10-26-2015. The plan of care included continuation of physical therapy 2 times per week for 6 weeks, follow-up with for possible injections for the left wrist and follow-up care. Physical therapy has been recommended at multiple prior visits but it is unclear from the medical records submitted, how many sessions of prior physical therapy, if any, the IW has received. There is a partial physical therapy note dated 7-23-2015. Authorization was requested for 12 visits of physical therapy for the left hand, left wrist and left forearm. On 10-01-2015, Utilization Review non-certified the request for 12 visits of physical therapy (2x6) for the left hand, left wrist and left forearm.

## 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 left hand, left wrist and left forearm:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**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 time six weeks the left hand, left wrist and left forearm 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 left wrist sprain strain; left wrist tenosynovitis; and rule out left carpal tunnel syndrome. Date of injury is January 14, 2015. Request for authorization is September 24, 2015. There is a single progress note entry for physical therapy dated July 23, 2015. The utilization review indicates the injured worker received 6 physical therapy sessions, 24 acupuncture treatments and eight chiropractic sessions. According to the September 11, 2015 progress note, subjective complaints include left wrist pain 8/10 that radiates to the forearm and elbow. Objectively, there is decreased range of motion with tenderness to palpation at the hypothenar and medial wrist. There is no physical examination of the hand. There are no other physical therapy progress notes in the medical record. The total number of physical therapy sessions to date is not specified. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (nine visits over eight weeks) is clinically indicated. The treating provider is requesting an additional 12 visits. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, one single progress note clinical entry, no documentation indicating the total number of physical therapy sessions, no documentation demonstrating objective functional improvement, and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy two times per week time six weeks the left hand, left wrist and left forearm is not medically necessary.