

<b>Case Number:</b>	CM15-0209505		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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:

This injured worker is a 22 year old female, who sustained an industrial injury on 09-22-2014. The injured worker was diagnosed as having right wrist fracture; status post percutaneous pinning and casting. On medical records dated 09-29-2015, the subjective complaints were noted as severe pain in right wrist with radiation into right elbow. Numbness and tingling sensations in all fingers of the right hand was noted as well. Objective findings were noted as right wrist and hand reveals two surgical incision scars over the radial and ulnar styloid, consistent with percutaneous pinning of the radius. Tenderness was elicited over the ulnar styloid, as well as in the right forearm and right hand, with associated myospasm. Range of motion was restricted in right hand and wrist. Treatments to date included medication and surgical intervention. Current medications were not listed on 09-29-2015. The Utilization Review (UR) was dated 10-08-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for brace for right hand and physical therapy for the right wrist 2 times a week for 4 weeks was non-certified

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right wrist 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS 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 rationale:** The requested Physical therapy for the right wrist 2 times a week for 4 weeks 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 was diagnosed as having right wrist fracture; status post percutaneous pinning and casting. On medical records dated 09-29-2015, the subjective complaints were noted as severe pain in right wrist with radiation into right elbow. Numbness and tingling sensations in all fingers of the right hand was noted as well. Objective findings were noted as right wrist and hand reveals two surgical incision scars over the radial and ulnar styloid, consistent with percutaneous pinning of the radius. Tenderness was elicited over the ulnar styloid, as well as in the right forearm and right hand, with associated myospasm. The injured worker is past the post-surgical period. 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, Physical therapy for the right wrist 2 times a week for 4 weeks is not medically necessary.

**Brace for right hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand (Acute & Chronic); Splints.

**Decision rationale:** The requested Brace for right hand is medically necessary. ACOEM, 2nd Edition, 2004, Chapter 11, Forearm, Wrist and Hand Complaints, Page 265 and Official Disability Guidelines, Forearm, Wrist and Hand (Acute & Chronic); Splints recommend "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity", and may also be used for wrist bony and musculo-ligamentary injuries. The injured worker was diagnosed as having right wrist fracture; status post percutaneous pinning and casting. On medical records dated 09-29-2015, the subjective complaints were noted as severe pain in right wrist with radiation into right elbow. Numbness and tingling sensations in all fingers of the right hand was noted as well. Objective findings were noted as right wrist and hand reveals two surgical incision scars over the radial and ulnar styloid, consistent with percutaneous pinning of the radius. Tenderness was elicited over the ulnar styloid, as well as in the right forearm and right hand, with associated myospasm. The injured worker is past the post-surgical period. The treating physician has documented sufficient evidence to support the medical necessity for short-term immobilizations and support for this joint. The criteria noted above having been met, Brace for right hand is medically necessary.