

<b>Case Number:</b>	CM15-0210822		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	01/01/2015
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old female, who sustained an industrial injury on 09-01-2015. A review of the medical records indicates that the worker is undergoing treatment for left wrist sprain, left wrist tendinitis, left wrist osteoarthritis and tenosynovitis of the wrist and hand. Treatment has included Naproxen, Motrin, wrist-thumb spica and chiropractic-physiotherapy. Subjective complaints (08-27-2015) included unchanged pain in the thumb. Objective findings showed tenderness over the 1st dorsal compartment and 1st metacarpal of the left wrist and hand. The plan of care included continued medication and bracing. During the 08-20-2015 progress note 6 sessions of physical therapy were requested and approved. Documentation shows that 6 sessions of chiropractic-physiotherapy recently with the last session received on 09-22-2015. Documentation shows improved pain levels, range of motion of the left wrist and decreased wrist tenderness with therapy sessions. Subjective complaints (09-23-2015) included weakness of the left wrist with intermittent numbness and tingling. Objective findings (09-23-2015) included pain in the dorsum of the left wrist and hand with flexion and tenderness of the 1st dorsal compartment and thenar eminence. The treatment plan included a second course of physical therapy and continued pain medication. A utilization review dated 10-19-2015 modified a request for 6 physical therapy sessions, left wrist, 2x per week for 3 weeks to certification of 3 visits for transition to a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left wrist 2 times a week for 3 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 53 year old patient complains of left wrist pain, and has been diagnosed with wrist sprain/strain, tenosynovitis of hand/wrist/finger, and osteoarthritis of forearm, as per progress report dated 10/07/15. The request is for PHYSICAL THERAPY FOR THE LEFT WRIST 2 TIMES A WEEK FOR 3 WEEKS. The RFA for this case is dated 10/05/15, and the patient's date of injury is 01/01/15. The patient is taking Naprosyn for pain relief, as per progress report dated 10/07/15. The patient is on modified duty, as per the same progress report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, a request for 6 sessions of "in-house physiotherapy" is noted in progress report dated 10/07/15. As per progress report dated 08/07/15, the patient has completed some physical therapy. A review of the reports indicates that the patient has had at least six sessions of physical therapy which ended on 09/22/15. It is not clear if the patient had therapy prior to this as well. Nonetheless, the reports do not document the efficacy of past therapy in terms of reduction in pain and improvement in function. Additionally, the treater does not explain why the patient has not transitioned to a home exercise regimen. Furthermore, MTUS only allows for 8-10 sessions of physical therapy in non-operative cases. Hence, the treater's request for 6 additional sessions appears excessive and IS NOT medically necessary.