

<b>Case Number:</b>	CM15-0037823		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 61-year-old female, who sustained an industrial injury on 11/15/13. She has reported pain in the left wrist and elbow. The diagnoses have included lateral epicondylitis and left wrist sprain. Treatment to date has included physical therapy, chiropractic treatment and pain medications. As of the PR2 dated 2/2/15, the injured worker reports little change in symptoms despite physical therapy and chiropractic treatments. The treating physician noted full range of motion in the left wrist and a positive Finkelstein test. The treating physician requested physical therapy 2 x week for 4 weeks on the left wrist. On 2/12/15 Utilization Review non-certified a request for physical therapy 2 x week for 4 weeks on the left wrist. On 2/27/15, the injured worker submitted an application for IMR for review of physical therapy 2x weeks for 4 weeks on the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy (PT) two (2) times a week over four (4) weeks on left wrist:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist & Hand Chapter. Physical/Occupational therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Per the 02/02/15 report, the patient presents with left wrist pain aggravated by any persistent gripping, pulling, pushing or pinching. The patient's diagnosis is Left wrist sprain/strain and probable tear of the scapholunate ligament as seen on MRI. The RFA is not included. The 02/12/15 utilization review states the RFA is dated 02/03/15. The patient's work status shows modified work, but this report does not state if the patient is currently working. MTUS 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. There is no evidence in the reports provided for review that the patient is within a post-surgical treatment period. The reports do not discuss a request for 8 visits. The 11/16/14 report states the patient received 6 prior physical therapy sessions dates unspecified-- with no improvement. The 11/26/14 report states that the patient has not yet failed non-operative treatment and requests an additional 6 physical therapy sessions for the left wrist for strengthening. It is unclear if these 6 sessions were authorized or received. Physical therapy treatment reports are provided for review that show the patient received 5 visits for the left wrist from 12/19/14 to 01/07/15. The 01/07/15 assessment states the patient's rehab potential is good. The utilization review states 12 prior PT sessions were received but do not cite the dates. In this case, the reports provided are vague regarding the patient's prior PT treatments. It appears that the patient has completed 6 visits during an unknown period and at least an additional 5 sessions ending 01/07/15. There is no discussion regarding transition to a home exercise program. The requested additional 8 sessions combined with the at least 5 recently received exceed what is allowed by the MTUS guidelines. Therefore, the current request IS NOT medically necessary.