

<b>Case Number:</b>	CM15-0038606		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/11/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 36 year old male sustained an industrial injury on 2/11/11. He subsequently reported right wrist, hand pain. Treatments to date have included surgery, physical therapy and prescription pain medications. The injured worker continues to experience right wrist weakness and pain. A request for additional Physical Therapy 3 times a week for 4 weeks, right wrist was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 3 times a week for 4 weeks, Right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

**Decision rationale:** The medical records report pain in the right wrist and hand but do not document specific functional goals for additional 12 physical therapy visits. MTUS supports continued PT for identified goals in regard to persistent deficits. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits

beyond those supported by MTUS, the medical records do not support a medical necessity for additional 12 visits of PT. Therefore, the request is not medically necessary.