

<b>Case Number:</b>	CM15-0047065		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 4/16/2014. She reported a slip and fall on a concrete stub. The injured worker was diagnosed as having a surgical repair of a right radial fracture. X rays of the right wrist, on 2/9/2015, document good alignment with proper healing. Treatment to date has included surgery, physical therapy, home exercises and medication management. Currently, the injured worker reported gradual improvement in hand pain. In a progress note dated 2/9/2015, the treating physician is requesting 12 additional visits of physical therapy.

### 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 hand and right wrist, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand, Physical/Occupational Therapy.

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

**Decision rationale:** This 61-year-old female has complained of right wrist pain since date of injury. She has been treated with surgery, physical therapy and medications. The current request is for physical therapy for the right hand and right wrist, twice a week for six weeks. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia and myofascial pain. The submitted medical documentation indicates that the patient has already received this amount of passive physical therapy. On the basis of the MTUS guidelines and available medical documentation, an additional 12 sessions of passive physical therapy is not indicated as medically necessary.