

<b>Case Number:</b>	CM15-0047611		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/04/2015
<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: Ohio, North Carolina, Virginia  
Certification(s)/Specialty: Family Practice

### 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 29 year old female, who sustained an industrial injury on February 18, 2014. She has reported left wrist, shoulder, elbow, and hand pain. Diagnoses have included repetitive strain injury, myofascial pain syndrome, possible neuropathy, and left wrist tendonitis. On 12-12-2014 the injured worker had excision of a left wrist ganglion cyst with extension into the radiocarpal joint. Treatment to date has included 12 sessions of physical therapy. A progress note dated February 2, 2015 indicates a chief complaint of left wrist, shoulder, elbow, and hand pain. The physical examination revealed tenderness and swelling of the left wrist with full range of motion noted. The treating physician documented a request for 12 additional sessions of physical therapy. At that point, the injured worker had completed 9/12 post-operative physical therapy visits with improvements reported in range of motion and strength. The utilization reviewer certified a modified quantity of 6 additional, and not 12, as the guidelines allow for 18 post-operative physical therapy sessions following excision of a ganglion cyst.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional physical therapy visits, 2 per week for 6 weeks, for left wrist: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Hand and wrist chapter. Physical therapy section.

**Decision rationale:** ODG Physical/Occupational Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. The guidelines specifically allow for 18 physical therapy visits after excision of a ganglion cyst. At the time of the request for 12 additional visits, the injured worker had completed only 9 of the already approved 12 visits. As the injured worker had not completed all 12 of the originally approved visits, and had not had all 18 of the allowable post-operative visits, an additional 12 visits as of the date of request was not medically necessary.