

<b>Case Number:</b>	CM15-0056317		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 43 year old female, who sustained an industrial injury on 12/18/12. The injured worker has complaints of right wrist pain. The diagnoses have included right wrist pain. Treatment to date has included physical therapy that was helping considerably; flexeril as needed at bedtime for muscle spasms and ibuprofen. The request was for physical therapy right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Right Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Therapy.

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

**Decision rationale:** The patient presents with Right wrist pain radiating to elbow rated at 8/10. The request is for Physical Therapy Right Wrist. The request for authorization is dated 03/18/14. Range of motion of the Right wrist is decreased in flexion, extension, ulnar deviation and radial deviation due to pain. The pain is alleviated with ice and physical therapy. It is aggravated by

lifting. Possible related factors include occupation-related repetitive wrist motions. Patient's medications include Flexeril and Ibuprofen. The patient is on modified work. MTUS Chronic Pain Management Guidelines, 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." Per progress report dated, 03/18/15, treater's reason for the request is "for evaluation of right wrist and forearm sprain strain." Given the patient's condition, a course of physical therapy would be indicated. Per physical therapy report dated, 02/26/15, the patient completed 5 of the 6 authorized sessions of treatment. MTUS recommends up to 10 visits for non-post-op conditions. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or why the patient is unable to transition into a home exercise program. Furthermore, there is no guideline support for unspecified quantity of physical therapy visits. Therefore, the request Is Not medically necessary.