

<b>Case Number:</b>	CM15-0059989		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New Jersey  
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 57 year old female who sustained an industrial injury on 3/8/14. The injured worker reported symptoms in the bilateral wrists. The injured worker was diagnosed as having old comminuted intraarticular distal radius fracture of left wrist and chronic right wrist sprain. Treatments to date have included casting, activity modification, nonsteroidal anti-inflammatory drugs, and physical therapy. Currently, the injured worker complains of pain in the bilateral wrists. The plan of care was for physical therapy and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks, dx old comminuted inter-articular distal radius fx of left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

**Decision rationale:** Physical therapy in the form of passive therapy for the wrist is recommended by the MTUS Guidelines as an option for chronic wrist pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed multiple sessions of supervised therapy following her injury and additional sessions are being recommended. However, although there may have been some benefit to prior sessions, there does not seem to be any indication that supervised physical therapy was required over unsupervised home exercises. There was no indication found in the documentation that the worker was unable to perform home exercises at this point in her care. Therefore, the request for 8 additional supervised sessions of physical therapy for the left wrist will be considered medically unnecessary.

**Physical therapy 2 times a week for 4 weeks, dx old comminuted inter-articular distal radius chronic right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

**Decision rationale:** Physical therapy in the form of passive therapy for the wrist is recommended by the MTUS Guidelines as an option for chronic wrist pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed multiple sessions of supervised therapy following her injury and additional sessions are being recommended. However, although there may have been some benefit to prior sessions, there does not seem to be any indication that supervised physical therapy was required over unsupervised home exercises. There was no indication found in the documentation that the worker was unable to perform home exercises at this point in her care. Therefore, the request for 8 additional supervised sessions of physical therapy for the right wrist will be considered medically unnecessary.