

<b>Case Number:</b>	CM15-0060564		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/31/1995
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/04/2015
<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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 52-year-old female, who sustained an industrial injury on March 31, 1995. The initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having right distal radioulnar joint synovitis, right forearm tendinitis, and bilateral wrist arthralgia. Treatment to date has included electrodiagnostic studies, physical therapy, home exercise program, work modifications, and medications including topical pain, muscle relaxant, and non-steroidal anti-inflammatory. On February 12, 2015, the injured worker reports her pain is somewhat improved by therapy. The physical exam revealed slight stiffness of the wrist with pain on range of motion, slight tenderness at the right distal radioulnar joint, diminished sensation in the right dorsal ulnar nerve distribution, and diffuse tenderness of the right upper extremity. The treatment plan includes additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Active therapy Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times 12 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are cervical strain/arthrosis, right DRUJ synovitis, left cubital tunnel syndrome and carpal syndrome; status post right cubital tunnel release times two with anterior transposition of the ulnar nerve; status post right ulnar decompression wrist times two; status post wrist arthroscopy times to with debridement, synovectomy, and TFCC repair; status post excision of right pisiform; status post open rights TFCC repair with ulnar styloid nonunion repair; and status post excision from the EDQ tended and right dorsal ulnar sensory branch neurapraxia. The documentation shows the injured worker received six recent physical therapy sessions as of January 14, 2015. The injured worker's date of injury is March 31, 1995. The injured worker has been under the care of two different physicians. The most recent physician is a hand and upper extremity surgeon. As noted above, the injured worker received six recent physical therapy sessions with improvement. The guidelines allow for 10 sessions for chronic pain. The total number of physical therapy sessions to date is unclear from the documentation. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to support additional physical therapy over that recommended by the guidelines. Consequently, absent compelling clinical documentation in support of additional physical therapy over that recommended by the guidelines, physical therapy times 12 is not medically necessary.