

<b>Case Number:</b>	CM15-0083493		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/23/2015
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old female who sustained an industrial injury on 2/23/2015. Her diagnoses, and/or impressions, are noted to include: contusion of left hand, except fingers; sprain/strain of the left hand/wrist; intra-articular fracture; and an incidental notation of a chronic ulnar styloid fracture. The history noted surgery for an ipsilateral wrist fracture 2 years prior. No current imaging studies are noted. Her treatments have included wearing of a wrist/hand splint; surgical consultation; active range of motion at home; and medication management. The surgical consultation notes of 3/26/2015 reported presenting for hand injury concerns. Objective findings noted a stable, tender and non-operative left 5th "MCP" with no overt external swelling, no ecchymosis or deformity, no lacerations, and stiff 4th & 5th digits and wrist. The history was noted to include surgery for an ipsilateral wrist fracture 2 years prior. The follow-up x-rays noted old hardware of the left wrist, non-communicated, stable fracture of the left 5th "MC" base. The interpretation was stated to include a low chance of permanent disability and the need for therapy for some time to come for an expected extended healing time. The physician's requests for treatments were noted to include physical therapy for the left hand, along with instructions to remove the splint and to begin active range of motion at home; and a note for light duty work.

### 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 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy/occupational therapy guidelines.

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

**Decision rationale:** Physical therapy 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has had 9 prior visits without evidence of significant functional improvement. The MTUS recommends a transition to an independent home exercise program. The request for 12 more supervised therapy sessions is not medically necessary.