

<b>Case Number:</b>	CM15-0088241		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Arizona, Texas

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 49-year-old female injured worker suffered an industrial injury on 04/03/2014. The diagnoses included right wrist strain, and possible mild chronic regional pain syndrome. The diagnostics included right wrist magnetic resonance imaging. The injured worker had been treated with right wrist surgery 8/29/2014 physical therapy, medications and TENS unit. On 3/5/2015 the treating provider reported right wrist pain that is ongoing and tingling in the ulnar region. It remains tender and inflamed. The pain is 6 to 8/10. She reported stiffness throughout the right upper extremity and feels weak. The treatment plan included Physical therapy of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy of the right wrist 2 x 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

**Decision rationale:** Passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the patient had arthroscopic surgery to the wrist on 8/29/14. He subsequently has had 14 sessions of therapy for the wrist. The patient continues with pain w/o recurrent injury. The documentation does not support that further therapy is required, as he has already had 14 sessions. The patient should be capable of participating in a home exercise program at this point. Therefore, the request is not medically necessary.