

<b>Case Number:</b>	CM13-0031966		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 31-year-old male who reported a work-related injury as the result of a fall on 05/01/2010. Subsequently, the patient underwent an external/internal fixation of the left distal radius as of 05/01/2010, left wrist arthroscopy with debridement and possible ligament repair, capsulodesis and carpal tunnel release as of 03/2012. Subsequently, the patient underwent revision of a left carpal tunnel release, left distal scaphoid resection, left radial scaphoid and radial lunate fusion with bone graft and left posterior interosseous neurectomy and left radial styloidectomy as of 05/03/2013. The clinical note dated 11/05/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient continued to report significant pain complaints about the left wrist. The provider documented that the patient utilized alprazolam, amitriptyline, clonazepam, cyclobenzaprine, docusate, Norco 5/325, ranitidine and sertraline. The provider documented that upon physical exam of the patient's left wrist, range of motion was at 25 degrees of extension with flexion of 10 degrees and digit range of motion within normal limits. The provider documented that there was no specific increase in pain with palpation to the ulnar carpal wrist and TFC. The provider documented that the patient was to continue with his home exercise program and continue with hand therapy for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Physical Therapy Sessions QTY 6.00: Upheld**

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

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence the duration, frequency and clear efficacy of the physical therapy interventions for the patient's left wrist pain complaints. In addition, the clinical notes document that the patient has presented with multiple pain complaints status post his work-related injury sustained in 05/2010. The current request does not specify if supervised therapeutic interventions are specifically for the patient's left wrist pain complaints. At this point in the patient's treatment, continued utilization of an independent home exercise program would be preferred over further supervised therapeutic interventions as the California MTUS indicates to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active, self-directed home physical medicine. Given all of the above, the request for physical therapy sessions (Quantity: 6.00) is neither medically necessary nor appropriate.