

<b>Case Number:</b>	CM14-0115649		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/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 injured worker is a 22-year-old man with a date of injury of August 15, 2012. He was working as an assembly machine operator when one of the bags over heated and was glued shut on his hand. His hand was pulled inside the pressure rollers. The IW was diagnosed with sprains and strains of the hand. A request was made for 12 physical therapy (PT) visits. The documentation provided for review included only an authorization request dated June 26, 2014. A supporting clinical assessment from the referring physician has not been provided to specifically address the need for PT. Documentation of the injured worker's current complaints and findings have not been noted. Upper extremity electrodagnostic study dated December 24, 2013 reveal normal electrodiagnostic study of both upper limbs. There is no electrodiagnostic evidence of carpal tunnel syndrome or ulnar nerve entrapment or cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Treatment in Workers' Compensation, online edition, chapter: Forearm, Wrist and Hand Physical/Occupational Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist and Hand section; Physical therapy- Sprains and Strain of Wrist and Hand

**Decision rationale:** Pursuant to the Official Disability Guidelines, physical therapy two times per week for six weeks is not medically necessary. The guidelines set the criteria for physical therapy. Sprains and strains of the wrist and hand are to receive nine visits over eight weeks. The Official Disability Guidelines preface states patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction (functional improvement). In this case, the documentation was somewhat limited. The supporting clinical documentation from the treating physician did not specifically address the need for additional physical therapy, anticipated goals or benefits to be received or whether there was prior physical therapy rendered to the injured worker. Current complaints/symptoms and positive clinical findings were not documented in the record. According to the guidelines, the injured worker is to receive nine physical therapy visits over eight weeks. The injured worker's request was for 12. Physical therapy visits. There is no rationale in the medical record documentation explaining why additional physical therapy is necessary. Additionally, there is no documentation as to functional improvement and the response, if any, to prior physical therapy, if any. Consequently, information is lacking from the medical record to support additional physical therapy. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines physical therapy two times per week for six weeks is not medically necessary.