

<b>Case Number:</b>	CM14-0147288		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/20/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Family 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:

This 43 year old patient had a date of injury on 6/20/2009. The mechanism of injury was not noted. In a progress noted dated 8/27/2014, subjective findings included right wrist pain, which has remained unchanged since last visit. She does not report any change in location of pain, and there were no new problems or side effects. She states that the medications are working well. On a physical exam dated 8/27/2014, objective findings included surgical scar on right wrist with keloid on dorsal aspect of wrist. Range of motion is restricted with palmar flexion. Tenderness to palpation is noted over radial side. The diagnostic impression shows wrist pain, dizziness. Treatment to date: medication therapy, behavioral modification, physical therapy, right wrist arthroscopy in 3/9/2011. A UR decision dated 9/2/2014 denied the request for 12 physical therapy visits between 8/29/2014 and 8/29/2015, stating that the patient has been working full duty without restrictions and has been doing well with her prescribed medications. The provider also advised patient to use the TENs unit for pain and to rest the area when exacerbations occur.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy visits between 8/29/14 and 8/29/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 114,Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 8 visit over 8 weeks for sprains and strains of wrist and hand. In a progress report dated 8/27/2014, the patient to be noted full time, full duty, with no restrictions as of 4/26/2012. Her medications are noted to help her ADLs, pain, and perform self-care and continue working. There was no clear rationale provided regarding what additional benefit physical therapy would provide. Furthermore, the patient claims to have had 3 physical therapy sessions 2 years ago; however, the objective functional benefits were not discussed from these previous sessions. Therefore, the request for 12 physical therapy visits between 8/29/2014 and 8/29/2015 was not medically necessary.