

<b>Case Number:</b>	CM15-0015718		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40-year-old male, who sustained an industrial injury on July 2, 2014. The mechanism of injury was a trip and fall in which the injured worker sustained injuries to the left knee and right wrist. The diagnoses have included a left knee medial meniscus tear, right thumb contusion, cervical strain, right wrist strain, left hand strain and depression related to his medical condition. Treatment to date has included medications, radiological studies, physical therapy, right wrist brace, left knee brace and left knee surgery on December 1, 2014. Current documentation dated December 18, 2014 notes that the injured worker reported left knee pain, left knee numbness and tingling and right hand numbness and tingling. He also noted sharp neck pain which radiated to the bilateral shoulders. Examination of the cervical spine revealed diffuse tenderness. Examination of the upper extremities revealed tingling of the right elbow and numbness of the right wrist. Lower extremity examination revealed diffuse left knee tenderness post-surgery. The treating physician's plan of care included a request for physical therapy # 18, (three times a week for six weeks) to the right wrist and right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 sessions of Physical Therapy 3 times a week for 6 weeks for the right wrist and right hand: Upheld**

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

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

**Decision rationale:** Based on the 12/18/14 progress report provided by treating physician, the patient presents with pain to right wrist and hand. The request is for 18 SESSIONS OF PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT WRIST AND RIGHT HAND. RFA not provided. Patient's diagnosis on 12/18/14 included right wrist/hand strain. Right wrist X-ray, per 12/18/14 report revealed borderline widening, slight to large joint space and slight to light ligament instability. Treatment to date has included medications, radiological studies, physical therapy, and wrist brace. The patient has not worked since injury date of 07/02/14, per 12/18/14 report. Treatment reports were provided from 09/11/14 - 12/18/14. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Treater has not provided medical rationale for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. Furthermore, the request for 18 sessions exceeds what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.