

<b>Case Number:</b>	CM15-0016080		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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, Arizona

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 a 42-year-old male who reported injury on 11/11/2013. The injured worker underwent electrodiagnostic studies of the right upper extremity. The mechanism of injury was the injured worker was pulling down the strap that lowers the door on his UPS truck, and developed a sudden onset of pain in the right hand. The injured worker was noted to have received a cortisone injection that was unsuccessful. The documentation indicated the injured worker underwent an MRI, which revealed a ganglion cyst. The documentation of 11/05/2014 revealed the injured worker had a rheumatology consultation that had not been scheduled. The injured worker indicated that numbness and paresthesia had recurred. The injured worker's grip strength on the right measured 30/30/30, and on the left 38/36/38. The documentation indicated the injured worker was to return for further evaluation in 4 weeks. The injured worker underwent a physical therapy evaluation on 03/07/2014, and was noted to undergo physical therapy treatment. It was requested the injured worker undergo physical therapy. There was no Request for Authorization or documented rationale for the submitted request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (12-sessions, 2 times per week for 6-weeks for the right wrist): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend 10 sessions of physical medicine treatment for the diagnosis of myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical medicine treatment. However, there was a lack of documentation of objective functional benefit. There was a lack of documentation of remaining objective functional deficits and the quantity of sessions previously attended. Given the above and the lack of documentation of exceptional factors, the request for physical therapy (12-sessions, 2 times per week for 6-weeks for the right wrist) is not medically necessary.