

<b>Case Number:</b>	CM15-0122039		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	02/22/2015
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 50 year old female who sustained an industrial injury on 2/22/15. Diagnosis is reflex sympathetic dystrophy of upper extremity -arm. In a progress report dated 6/11/15, the treating physician notes complaints of left wrist pain. Objective exam notes she has marked pain with palpation about the dorsal distal radius and was not able to perform Finkelstein's test due to pain and stiffness. Wrist motion is markedly limited due to pain and stiffness. Tenderness is mainly about the dorsal distal radius. Left wrist x-rays show no fracture but there is diffuse osteopenia in the hand and wrist. History and physical exam are consistent with complex regional pain syndrome of the left wrist and hand. She has pain out of proportion to her physical exam and marked osteopenia on x-rays. The plan is to refer to a pain specialist. The requested treatment is hand therapy 3 times a week for 6 weeks to the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy, 3 x 6 left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, pp. 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for tenosynovitis is recommended by the MTUS Guidelines as an option for chronic wrist pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had been recommended and supposedly completed a number of supervised physical therapy sessions (at least 6 and up to 18 according to the notes provided for review). However, there was no report found in the notes which discussed how helpful this physical therapy was to help justify its continuation. There was no documentation found which included any justification of supervised therapy over home exercises, which should have been learned by now by this worker. Therefore, the request for left wrist physical therapy will be considered medically unnecessary.