

<b>Case Number:</b>	CM15-0174954		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 60 year old female who sustained an industrial injury on 7-21-14. Diagnoses are noted as severe central stenosis based on epidural lipomatosis with facet arthropathy at L3-L4 and L4-L5 per MRI dated 5-2-15, degenerative and anterolisthesis at L4-L5 with marked bilateral facet arthropathy per MRI dated 5-2-15, left wrist strain, normal left hip MRI dated 5-11-15, extensive degeneration and tearing of the lateral meniscus with full thickness loss of cartilage throughout most of the lateral compartment especially over the tibia per MRI dated 6-3-15, and obesity. Previous treatment includes heat-ice application, medication, wrist brace, and occupational therapy for the left wrist-hand. Pain of the left hand and wrist is noted in the progress reports as follows on 2-26-15 and 4-1-15 was rated at 7 out of 10, 5-1-15 was 2 out of 10 with rest and 8 out of 10 with repetitive activity, and 6-5-15 was rated at 6-7 out of 10. In a progress report exam dated 7-30-15, the physician notes left wrist and hand pain is rated at 5 out of 10 which is frequent and with weakness and pain that is slightly improved since she completed occupational therapy. Pain is reported to made better with therapy, rest and medication. She takes Motrin on an as needed basis. It is noted, she has had some improvement with function and strength with occupational therapy to the left wrist and hand. The request is for physical therapy 2 times a week for 6 weeks in an attempt to transition to home exercise program and to reach maximum medical improvement. Work status is to remain off work until 9-4-15. A request for authorization is dated 8-11-15. The requested treatment of 12 physical therapy sessions (2 times a week for 6 weeks) for the left wrist and hand was non-certified on 8-18-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions, 2 times a week for 6 weeks, left wrist and hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions (two times per week times six weeks) to the left wrist and hand is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are left wrist strain. For additional diagnoses see July 30, 2015 progress note. The date of injury is July 21, 2014. Request authorization is August 11, 2015. There are no physical server progress notes in the medical record. According to the February 26, 2015 new patient initial evaluation, subjective complaints include left wrist pain and hand pain. The injured worker was authorized and received 12 physical therapy sessions to the left wrist and hand. According to the utilization review, the injured worker received six additional occupational therapy sessions. According to the July 30, 2015 progress note, subjective complaints include low back pain and left wrist and hand. The injured worker experienced slight improvement with physical therapy. The documentation does not demonstrate objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the injured worker received 12 physical therapy and six occupational therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, 12 physical therapy sessions (two times per week times six weeks) to the left wrist and hand is not medically necessary.