

<b>Case Number:</b>	CM15-0064213		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 44 year old male, who sustained an industrial injury on October 21, 2014. He reported right wrist and hand pain and weakness. The injured worker was diagnosed as having contusion of the right wrist/hand, contusion of the right fingers, open wound of the right hand and right hand/wrist sprain/strain. Treatment to date has included chiropractic care. Currently, the injured worker complains of right wrist and hand pain and weakness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on April 13, 2015, revealed continued pain. Physical therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy that includes Ultrasound and heat/ice pad therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Physical Therapy.

**Decision rationale:** Pursuant to the ACOEM and Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to include ultrasound and heat/ice therapy 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 working diagnoses are contusion/laceration right wrist/hand; contusion right fingers; right wrist/hand sprain/strain; open wound of the right hand (resolving). The request for authorization shows the treating physician is requesting 12 physical therapy sessions. The physician's first report was dated (according to the utilization review) March 11, 2015. There is no progress note in the medical record dated March 11, 2015. The medical record contains 13 pages. There is one progress note dated April 13, 2015. The treating physician states the injured worker suffers with a chronic injury and requires right hand and wrist chiropractic treatment three times per week times four weeks and physical therapy including ultrasound. The ACOEM, Chapter 8, Neck And Upper Back Complaints; page 173 - 175 states: "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical stimulation (TENS) unit and biofeedback. These palliative tools may be used on a trial basis should be monitored closely. Emphasis should focus on functional restoration and return of patients to normal daily living." Guidelines recommend a six is a clinical trial. The treating physician requested 12 physical therapy sessions in excess of the recommended guidelines. Additionally, the ACOEM does not recommend passive modalities including ultrasound and heat/ice therapy. Consequently, absent clinical and guideline recommendations with a request for 12 physical therapy sessions (in excess of the recommended six visit clinical trial), physical therapy to include ultrasound and heat/ice therapy is not medically necessary.