

<b>Case Number:</b>	CM15-0069747		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 a 32-year-old male, who sustained an industrial injury on 10/20/14. He reported left wrist pain. The injured worker was diagnosed as having contusion of wrist/hand, pain in hand joint, and pain in forearm joint. Treatment to date has included ultrasound treatments, cold/H-wave treatments, home exercise, and medication. A physician's report noted the injured worker would benefit from further skilled physical therapy intervention to increase strength, improve functional mobility, and to decrease pain. Currently, the injured worker complains of left wrist pain. The treating physician requested authorization for physical therapy 2x4 for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for the left wrist:** Upheld

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

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

**Decision rationale:** Based on the 11/20/14 progress report provided by the treating physician, this patient presents with improved left wrist pain. The treater has asked for PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT WRIST on 11/20/14. The request for authorization was not included in provided reports. The patient states that closing his left hand is easier, but he still has lingering pain in the thumb area per 11/20/14 report. The patient's left wrist pain is 0/10 at baseline, but flares to 5/10 activity depending, with sharp stabbing needle-sensation and weakness per 11/6/14 report. The physical therapy is helping 'quite a bit' per 11/20/14 report. The patient is stopping anaprox and will begin to take Protonix per 11/20/14 report. The patient's current medications are Naproxen and Tramadol per 12/1/14 report. The patient is to return to full duty on 12/1/14 with no restrictions. MTUS 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 reason 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; there is no discussion of any flare-ups. Prior physical therapy has been effective per review of reports. In 12/5/14 report, the treater recommends additional "skilled PT intervention to increase strength and functional ability and decrease pain." However, the patient has already transitioned into a home exercise program as of 12/5/14 report. The UR letter dated 4/3/15 quotes prior physical therapy but does not specify number of sessions. The patient began physical therapy on 11/13/14, and a week later on 11/20/14, states "therapy is helping quite a bit." On 12/8/14 report, it states "cont pt 3x2." It would appear the patient has had a course of physical therapy of 6 sessions. In addition to the prior 6 sessions, the request for 8 additional sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.