

<b>Case Number:</b>	CM15-0072962		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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, North Carolina  
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 51-year-old female, who sustained an industrial injury on 07/24/2010. On provider visit dated 02/12/2015 the injured worker has reported left knee pain and neck pain. On examination, there was not mention of left wrist complaints. The diagnoses have included left strain/sprain. Treatment to date has included physical therapy of the knee. The provider requested 6 physical therapy sessions for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, Physical medicine guidelines.

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

**Decision rationale:** The date of injury for this claimant was 07/24/2010. Mechanism of injury was a fall. Diagnosis was left radial styloid tenosynovitis. The clinical documentation lacks

objective evidence of functional deficits to warrant physical therapy treatments of the wrist. The physical examination reveals that upper extremity reflexes are intact but no other findings referable to the left wrist can be found in the records submitted. MTUS chronic pain guidelines do not support the requested physical therapy treatments at this time, therefore the request is deemed not medically necessary.