

<b>Case Number:</b>	CM14-0144839		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 man with a date of injury of 2/18/14. He was seen by his primary treating physician on 7/31/14 for follow up of his left wrist fracture and surgical fixation. He had been receiving post-operative physical therapy. He complained of inability to fully flex the left index finger and improving pain in the left hand and wrist with no numbness or tingling. His exam showed a well-healed incision with no tenderness and a negative Tinel's sign. He had decreased left wrist range of motion and stiffness of the PIP joint of the left index finger. His neurocirculatory status was intact and he had decreased grip strength on the left. His diagnoses included status post open reduction internal fixation, left distal radius fracture and status post interphalangeal dislocation of the left index finger, now reduced. At issue in this review is the request for continued physical therapy to the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Additional post-operative physical therapy sessions to the 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 Page(s): 98-99.

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should be in place. His pain is improved and his exam showed decreased grip strength and range of motion. He did not require the unique skills of a physical therapist to continue strengthening and range of motion exercises. Therefore, eight (8) Additional post-operative physical therapy sessions to the left wrist is not medically necessary and appropriate.