

<b>Case Number:</b>	CM13-0016459		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 patient is a represented [REDACTED] employee who has filed a claim for ulnar neuropathy reportedly associated with an industrial injury of December 17, 2012. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; at least 12 sessions of physical therapy over the life of the claim, per the claim administrator; work restrictions; transfer of care to and from various providers in various specialties; and reportedly normal electrodiagnostic testing of November 4, 2013. In a Utilization Review Report of August 6, 2013, the claims administrator denied a request for 12 sessions of physical therapy, noting that the patient still had significant diminished weakness about the left hand after having completed 12 sessions of physical therapy thus far. The claims administrator cited non-MTUS ODG Guidelines in its denial, it is incidentally noted. In a progress note of March 13, 2014, the patient is described as not working. The patient is off of work. A rather proscriptive five-pound lifting limitation was endorsed. The patient was described as largely unchanged. Operating diagnoses include left ulnar neuropathy, left wing scapula, and reported brachial plexus injury. 7/10 pain was reported. The patient is reportedly getting worse, it is stated. An earlier note of October 23, 2013 is again notable comments that the patient is off of work and not accommodated with a rather proscriptive five-pound lifting limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine topic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 99.

**Decision rationale:** The patient has had prior treatment (at least 12 sessions), seemingly well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body parts, the issue reportedly present here. The patient has, however, failed to affect any lasting benefit or functional improvement through the same. The patient remains off of work, on total temporary disability, over a year removed from the date of injury. A rather proscriptive five-pound lifting limitation remains in place, unchanged, from visit to visit. By her own self-report, the patient is unimproved. Continued physical therapy beyond the guideline is not indicated, given the patient's poor response to earlier treatment. Therefore, the request remains not certified, on Independent Medical Review.