

<b>Case Number:</b>	CM13-0024709		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic wrist pain, and chronic hip pain reportedly associated with an industrial injury of April 4, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a prior carpal tunnel release surgery; a permanent impairment rating; a prior wrist arthroplasty; and extensive periods of time off of work. The applicant has not worked since October 5, 2012, it is noted. In a Utilization Review Report of September 9, 2013, the claims administrator denied a request for six sessions of physical therapy. The applicant's attorney later appealed. The request was apparently denied owing to lack of supporting documentation. In a medical legal evaluation of October 14, 2013, an agreed medical evaluator stated that the applicant was at maximum medical improvement. The applicant was given several different impairments at various body parts and permanent work restrictions. A July 16, 2013 progress note is notable for comments that the applicant has no restrictions and has unchanged subjective and objective findings. The applicant's attending provider stated that he would not endorse the applicant's application for disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Physical/Occupational Therapy 6 sessions:** Upheld

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

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

**Decision rationale:** As of the date of Utilization Review Report, the applicant was outside of the six months postoperative physical medicine treatment. Established an MTUS 9792.24.3 following right wrist carpectomy of January 2, 2013. The Chronic Pain Medical Treatment Guidelines were therefore applicable. All information on file suggested that the applicant had essentially plateaued with prior physical therapy treatment. While page 99 of the Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, the Chronic Pain Medical Treatment Guidelines also endorses the importance of active therapy, active modalities, fading or tapering the frequency of treatment over time, and emphasizing the importance of active therapy and home exercises. In this case, the information on file suggested that the applicant was capable of transitioning to a home exercise program as of the date in question. There is little role for further formal physical therapy in this context, particularly if the applicant was declared permanent and stationary shortly after the request was made. For all of these reasons, then, the request is not certified.