

<b>Case Number:</b>	CM13-0026890		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 <MPR ST LICENSE>. 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 patient is a 51-year-old female with the date of injury of August 23, 2011. She has a diagnosis of right hand pain and chronic reflexive pain syndrome since 2012. In January, 2013 patient's QME (Qualified Medical Examiner) recommended PT (physical therapy) progressing towards a HEP (Home Exercise Program). The patient completed 6 sessions of PT as of 6/23/2013 and the PTP (Primary Treating Provider) was citing the QME and explained the patient may need 15-20 sessions total as well as a home exercise program. The PTP states the patient needs to go "slow" because of difficulty with the PT program. Notes dated 8/6/13 states the patient had finished 12 sessions of PT total, and that was gaining in function and mobility, but at a slower than expected pace. The PTP was considering a stellate ganglion block. The patient has had a psychological evaluation and is pending consultation with a pain specialist.

### 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 3 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 40,118.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS states that physical medicine may be continued as long as the therapy is active and shows improvement. This patient's condition has been improving steadily. She has had 12 sessions of PT (physical therapy). MTUS allows for 24 visits over 16 weeks. The request for PT falls in these guidelines. There had been a long break in the patient's PT due to authorization delay. However, as the PT notes indicate the patient is undergoing active PT and doing a home exercise program. There is need for a supervised PT program as the patient is having difficulty with her current physical limitations in the hand and shoulder. MTUS also states that rehabilitation is essential for the treatment of CRPS (Complex Regional Pain Syndrome).