

<b>Case Number:</b>	CM13-0043811		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/11/2009
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old female with a reported date of injury on 11/11/2009. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with fibromyalgia and complaints of right greater than left hand pain increased at night. Upon physical examination, the injured worker presented with bilateral hands essentially normal, with no significant reduced range of motion. In addition, the physician indicated the injured worker returned to work on modified duty with permanent restrictions. Prior treatment and conservative care included physical therapy, a Nerve Conduction Study, medications, 2 hand specialist referrals, and cortisone steroid injections for right side carpal tunnel, the results of which were not provided within the documentation available for review. The injured worker's diagnosis included sprain or strain of cervical spine, and cervical radiculopathy, fibromyalgia, sprain/strain of the shoulder and carpal tunnel syndrome. The medication regimen included capsaicin cream and Lidoderm patches. The request for authorization for physical therapy up to 6 visits over 4 to 6 weeks was submitted on 10/23/2013. The physician indicated that the physical therapy was requested to decrease pain and inflammation and to restore pre-injury functional status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY UP TO 6 VISITS OVER 4-6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Shoulder Procedure Summary, Carpal Tunnel Syndrome Procedure Summary.

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

**Decision rationale:** The California MTUS Guidelines recommend physical medicine as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Guidelines recommend 8 to 10 visits over a 4 week period. The clinical information provided for review lacks documentation related to the injured worker's functional deficits and limitations. Previous physical therapy, hand specialist referrals, cortisone injections and the Nerve Conduction Study were not provided within the documentation available for review. There is a lack of documentation related to the range of motion values in degrees and the VAS score. In addition, the request as submitted failed to provide the specific site at which the physical therapy was to be utilized. Therefore, the request for physical therapy up to 6 visits over 4 to 6 weeks is non-certified.