

<b>Case Number:</b>	CM13-0052426		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/30/2002
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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:

This is a 62 year old female who has reported neck, shoulder, and extremity pain after an injury on 08/30/02. She has been diagnosed with cervical spine degenerative disease, carpal tunnel syndrome, and shoulder pain. Treatment has included medications, shoulder surgery, courses of physical therapy, and wrist splints. The treating physician saw the patient during 2011 and 2012. On 4/20/12 and 12/14/12, physical therapy for 12 visits was prescribed for ongoing symptoms in the neck and hands. 12 visits of physical therapy were prescribed in 2011. On 9/27/13 the treating physician noted ongoing symptoms in the hands and neck. The treatment plan included wrist braces, physical therapy, and ibuprofen. The diagnoses were carpal tunnel syndrome, shoulder pain, and cervical strain. The injured worker was stated to be retired. The physical therapy prescription did not contain any information about the modalities or goals of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3X4 (12) FOR CERVICAL STRAIN AND BILATERAL CARPAL TUNNEL SYNDROME (CTS) QTY 12.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9,98-99.

**Decision rationale:** Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current PT prescription. It is not clear what is intended to be accomplished with this PT, given that it will not cure the pain and there are no other goals of therapy. The current PT prescription exceeds the quantity recommended in the MTUS. 3 courses of physical therapy have been prescribed previously, during 2011 and 2012. This amounts to 36 visits in the relatively recent past. No medical reports described the specific content or results of this physical therapy. The current prescription will greatly exceed the maximum quantity of physical therapy recommended in the MTUS. The MTUS recommends progression to home exercise after supervised active therapy. Continued physical therapy treatment is not required for ongoing, chronic pain. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of functional improvement from prior physical therapy. Given the completely non-specific prescription for PT in this case, it is presumed that the therapy will include passive modalities. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.