

<b>Case Number:</b>	CM13-0056197		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

According to the report, the patient complains of numbness in her hands. She finished her therapy about a week ago with minimal relief. The examination of the right hand shows there is swelling noted on the middle to the index fingers. There is also tenderness noted upon palpation on the right middle finger and the index fingers especially at the MP and PIP joints and flexor tendons. The treating physician states that the therapist will recommend more physical therapy to the right hand as the patient's range of motion has slowly improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Guideline recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report shows that the patient received 6 physical therapy visits recently. The progress report dated 09/25/2013 documents,

"she finished her therapy about a week ago with minimal relief." The treating physician does not discuss the patient's progress and has asked for additional therapy despite minimal relief from treatments. Furthermore, the requested 12 visits when combined with the previous 6 exceed MTUS recommendations of 8 to 10. Given the lack of functional improvement with physical therapy and the request that exceeds what is allowed by MTUS, the request is not medically necessary or appropriate.