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| <b>Case Number:</b>   | CM13-0065558 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 12/21/2012 |
| <b>Decision Date:</b> | 05/16/2014   | <b>UR Denial Date:</b>       | 11/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/13/2013 |

### 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 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:

The injured worker is a 22-year-old female who reported an injury on 12/21/2012. The injured worker was reportedly operating a deep fryer when hot oil dripped into her glove causing a burning sensation and pain in the left upper extremity. Current diagnoses include burns to the left side of the hand as well as neuropraxia or axonotmesis of the radial and ulnar side of the left ring finger. The injured worker was evaluated on 11/12/2013. Physical examination revealed tenderness to palpation of bilateral shoulders, increased tone along the upper trapezius bilaterally, positive impingement testing bilaterally, positive Tinel's testing on the right, slight effusion in the right knee, tenderness along the peripatellar area on the right, positive axial compression testing, decreased range of motion of the thoracic spine, and normal coordination. Treatment recommendations included a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM - MEDICAL OFFICE VISITS (1 TIME PER WEEK FOR 8 WEEKS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** California MTUS Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Total treatment duration should generally not exceed 20 full-day sessions. As per the documentation submitted, there is no indication of an exhaustion of conservative treatment prior to the request for a functional restoration program. The current request for 8 weeks of a functional restoration program does not fall within guideline recommendations. Therefore, the request is not medically appropriate. As such, the request is not medically necessary and appropriate.

**COGNITIVE BEHAVIORAL THERAPY (5 TIMES PER WEEK FOR 2 WEEKS, THEN 3 TIMES PER WEEK FOR 6 WEEKS FOR RELAPSE PREVENTION): 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 Page(s): 23.

**Decision rationale:** California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for cognitive behavioral therapy 5 times per week for 2 weeks and 3 times per week for 6 weeks greatly exceeds guideline recommendations. Therefore, the request is not medically necessary and appropriate.

**PHYSICAL THERAPY (5 TIMES PER WEEK FOR 8 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 Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 40 sessions of physical therapy greatly exceeds guideline recommendations. Therefore, the request is not medically necessary and appropriate.

**WORK CONDITIONING (2-4 HOURS PER DAY, INCREASED TO 4-6 HOURS PER DAY): 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 Page(s): 125-126.

**Decision rationale:** California MTUS Guidelines utilize ODG Physical Medicine Guidelines for Work Conditioning, which allow for 10 sessions over 8 weeks. The current request does not include a total duration of treatment. Therefore, the request is not medically necessary and appropriate.

**OCCUPATIONAL THERAPY (5 TIMES PER WEEK FOR 8 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 Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 40 sessions of physical therapy greatly exceeds guideline recommendations. Therefore, the request is not medically necessary and appropriate.

**ACUPUNCTURE (18 SESSIONS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 18 sessions of acupuncture therapy greatly exceeds guideline recommendations. Therefore, the request is not medically necessary and appropriate.

**BIOFEEDBACK THERAPY (3 TIMES PER WEEK FOR 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 Page(s): 24-25.

**Decision rationale:** California MTUS Guidelines state biofeedback is not recommended as a standalone treatment, but recommended as an option in a cognitive behavioral therapy program. California MTUS Guidelines utilize ODG Biofeedback Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 18 sessions of biofeedback therapy exceeds guideline recommendations. Therefore, the request is not medically necessary and appropriate.

**NUTRITION (1 TIME PER WEEK FOR 8 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 Page(s): 30-33.

**Decision rationale:** As the injured worker's functional restoration program has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.

**CASE MANAGEMENT (1-2 TIMES PER WEEK FOR 8 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 Page(s): 30-33.

**Decision rationale:** As the injured worker's functional restoration program has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.

**EDUCATION (2 TIMES PER WEEK FOR 5 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 Page(s): 30-33.

**Decision rationale:** As the injured worker's functional restoration program has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.