

<b>Case Number:</b>	CM14-0002610		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesia, has subspecialties in Acupuncture and Pain 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 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 injured worker is a 29 year old female who sustained a work-related injury on 9/9/13 and now experiences related pain in the left ankle, left knee, and right hand. Her diagnoses include disorders of bursae and tendons in the shoulder region, sprain of the metacarpophalangeal joint of the hand, radial styloid tenosynovitis, and sprain of the carpal joint of the wrist. Per the 11/15/13 progress report, she was participating in physical therapy for the right hand and left ankle, and noted some improvement, although it was very slow. She got relief from carpometacarpal (CMC) joint injection, although the pain later returned. She was taking Advil as needed. On physical examination of the right hand and wrist, she continued to have some pain about the dorsal and volar wrist joints, and over the CMC joint. She has 4/5 grip strength. On examination of the left foot and ankle, she still had some swelling of the posterior tibialis as well as tenderness to this area. She continues to have pain in the medial gutter as well. She has been treated with physical therapy and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS RIGHT HAND/ WRIST, LEFT FOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, treatment with physical therapy should allow for the fading of treatment frequency from up to three visits per week to one or less, plus the addition active self-directed home physical medicine. 9-10 visits over eight weeks may be recommended for myalgia and myositis, while 8-10 visits over four weeks may be recommended for neuralgia, neuritis, and radiculitis. The Official Disability Guidelines state that as time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency. Also, home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program. The use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end. Regardless, patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction to assess if further treatment is needed. Guidelines state that 12 physical therapy visits over eight weeks maybe be recommended for radial styloid tenosynovitis, and nine visits over eight weeks may be recommended for an ankle/foot sprain. If the treating provider believes that the number of physical therapy visits should exceed the recommended amount, then exceptional factors should be documented. The medical records provided for review indicate that the injured worker has completed 11 visits of physical therapy as of 11/6/13. The physical therapy notes provided for review do not contain evidence of functional improvement, and treating physician's progress reports note the injured worker's progress to be very slow, implying a lack of functional improvement. Furthermore, the request for a total of 12 additional sessions of physical therapy exceeds the total number of sessions recommended by both the Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines. As such, the request is not medically necessary.