

<b>Case Number:</b>	CM14-0102252		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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:

There were 108 pages provided for this review. The patient has ongoing pain in the neck, head, arms, hands, wrists and back. It radiates down the arms. The patient describes the pain as aching, dull, sharp, stabbing, and burning. The patient can tolerate sitting for 20 to 25 minutes, standing for 15 to 20 minutes and walking for 15 to 20 minutes. The current medicines include Bio-freeze, docusate, Voltaren gel and Lyrica. The application for independent medical review was signed on July 2, 2014. It was a request for additional physical therapy two times a week for six weeks. The claimant is 47 years old. The injury occurred on October 13, 2010. The claimant developed soreness and pain in the right elbow and upper extremity due to lifting on her job. She has been through a functional restoration program and has had acupuncture. She has had 20 sessions of physical therapy, but her clinical condition seemed to be unchanged. The pain ranges from 7 to 10 out of 10. There is nothing that alleviates the pain. It is noted that the claimant has had extensive conservative treatment, and there is no evidence of any change or recent flare up. The medical necessity for further treatment is not apparent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 2x/week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127.

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. There have been 20 sessions of prior therapy, without apparent objective functional improvement. This request for more skilled, monitored therapy was appropriately non-certified.