

<b>Case Number:</b>	CM14-0108280		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/24/1994
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois 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 49-year-old female who reported a traumatic amputation of her right hand which got caught in a punch press on 10/24/1994. Her chief complaints as of 02/20/2014 were neck pain radiating down to both arms, upper back pain radiating to lower back pain, low back pain (which was not radiating), bilateral shoulder pain, and headaches. Her diagnoses included status post degloving injury with trans-forearm amputation and continued pain, phantom limb pain, and possible cervical radiculopathy. The treatment plan included a neurostimulator and instruction in a home exercise program as an adjunct to the neurostimulator treatments in order to improve functional levels. A Request for Authorization dated 04/09/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm & Hand; Physical/Occupational Therapy, Official Disability Guidelines-Neck & Upper Back; Physical Therapy, Official Disability Guidelines-Low Back; Lumbar & Thoracic (Acute & Chronic) Physical Therapy.

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

**Decision rationale:** The California MTUS Guidelines recommend, "passive therapy for short term relief during the early phases of pain treatment. Active therapy is indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines 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 recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. In addition, the recommended schedule for radiculitis is 8 to 10 visits over 4 weeks. The requested 16 visits exceeds the recommendations in the guidelines. Additionally, there was no body part specified to which the physical therapy was to have been directed. Therefore, this request for Physical Therapy 2 times a week for 8 weeks is considered not medically necessary.