

<b>Case Number:</b>	CM14-0182445		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 49 year old female who had a work injury dated 8/8/08. The diagnoses include RSD to the left upper extremity with extension to the right upper extremity sequel to industrial injuries; cervical degenerative disc disease, non-industrial; cervicogenic headaches with bilateral occipital neuralgia, non-industrial; short-acting opioid therapy; disabled. Under consideration are requests for twelve (12) physical therapy sessions two times a week for six weeks, right upper extremity. There is a 9/15/14 progress note where the patient states, "I am very sore. I ran out of medications on the 9th so I am having a flare of my pain. Analgesia is inadequate secondary to running out of medications. There is no aberrant behavior. Urine drug test is consistent with current therapy. Patient is able to sit 0-1 minutes, stand 0-1 minutes and walk 0-1 minutes. Sleep is disturbed multiple times per night secondary to pain. Activities of daily living are independent. She does drives. The patient does not use any assisted device for ambulation. On exam the blood pressure is 110/78 temperature is 98.0 and pain level is 9/10 with intervals no lower than 6/10 and sometimes higher than 10/10. The patient is alerting oriented and cogent, unimpaired by medications. Her mood is calm and participative, has baseline grooming, speech is clear without sedation and gait is erect and independent. She had to reschedule her appointment so that work comp could accompany her causing her to run out of her medications. There is a re-request the Gralise starter pack. There is a refill Oxycodone #90. There is a re-request additional physical therapy 2 times per week x 6 weeks. There is a request a TENS Unit for neurostimulation for the patient's painful arm. There is a request for Voltaren Gel 1%, and a re-request physiological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions two times a week for six weeks, right upper extremity:** 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 Page(s): 98-99.

**Decision rationale:** Twelve (12) physical therapy sessions two times a week for six weeks, right upper extremity is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation is not clear on exactly how many prior physical therapy sessions the patient has had. The guidelines recommend up to 24 visits for CRPS. The most recent therapy visits do not indicate evidence of functional improvement. Without clear evidence of functional improvement from prior therapy visits and without clarification of how many prior therapy visits the patient has had for this additional therapy is not medically necessary. The patient should be versed in a home exercise program. The request for twelve (12) physical therapy sessions two times a week for six weeks, right upper extremity is not medically necessary.