

<b>Case Number:</b>	CM15-0181274		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

### 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 57-year-old female who sustained industrial injuries on September 12, 2011. Diagnoses related to this request have included left cervicobrachial strain, right index and 3rd stiff swan-neck deformities, and right thumb carpometacarpal degenerative joint disease. The physician also stated August 25, 2015 that an x-ray of the right hand revealed degenerative changes of the carpometacarpal joint of the thumb, and x-rays of the cervical spine showed mild degenerative changes with loss of cervical lordosis. Documented treatment includes physical therapy for her neck at least two years ago, cortisone injections, trigger release surgery of the right middle and pointer fingers on March 9, 2015, post-operative physical therapy, and Ibuprofen. The injured worker continues to complain of left neck and right hand pain with all activities. Her neck pain is rated at 8 out of 10 and is constant. Turning her head makes popping sensations and worsens her pain. Often the pain radiates into her left shoulder and back. She reports having trouble sleeping. Examination on August 25, 2015 showed decreased range of motion, and tenderness over the muscles in the neck and with extreme motion. The physician documented positive grind and piano key tests, negative Finkelstein's test, and tenderness over the thumb joint. She also continues experiencing pain in her right middle and index fingers, and when she grips or grasps, the right thumb is painful as well. She has not been working. The treating physician requested physical therapy for the cervicobrachial strain, and occupational therapy for her right hand. Both were denied September 8, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the beneficiary has already participated in physical therapy in 46 sessions of treatment. There is no documentation to support the medical necessity for continued physical therapy for chronic pain. The request for Physical Therapy #12 is not medically necessary.

**Occupational Therapy #12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the beneficiary has already participated in physical therapy in 46 sessions of treatment. There is no documentation to support the medical necessity for continued occupational therapy for chronic pain. Therefore, the request for Occupational Therapy #12 is not medically necessary.

