

<b>Case Number:</b>	CM15-0187149		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female with a date of injury on 10-15-2007. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome, pain in hand and ulnar nerve lesion. Medical records (4-23-2015 to 8-28-2015) indicate chronic neck, upper extremity and right hand pain. According to the progress report dated 8-28-2015, the injured worker complained of neck pain with radiation into both arms along with numbness and tingling in the right upper extremity. She reported completing 6 sessions of physical therapy, which helped with her pain. She stated that her pain went from 6 out of 10 to 4 out of 10. The physical exam (8-28-2015) revealed no abnormality of gait or station. There was no edema or tenderness palpated in any extremity. Treatment has included DeQuervain's release (2008), right hand sleeve, at least 6 sessions of physical therapy and medications. Current medications (8-28-2015) included Pristiq, Omeprazole, Diclofenac Sodium and Hydrocodone-APAP. Per the physical therapy evaluation dated 8-21-2015, the injured worker had completed 6 sessions of physical therapy with little progress with mild reduction in pain and unremarkable improvement in functional use of her right upper extremity for activities of daily living. Her strength remained unchanged. The original Utilization Review (UR) (9-11-2015) denied a request for 12 additional sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional sessions of physical therapy 2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 12 additional sessions of physical therapy 2x6 is not medically necessary and appropriate.