

<b>Case Number:</b>	CM15-0043572		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/22/2008
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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 51 year old female, who sustained an industrial injury on 1/22/2008. She reported injury due to repetitive data entry. The injured worker was diagnosed as having pain in joint, forearm, and myofascial pain. Treatment to date has included conservative measures, including medications, H-wave unit, acupuncture, ergonomic evaluation, and paraffin treatments. Electromyogram and nerve conduction studies, on 3/09/2013, were documented as normal. Currently, the injured worker complains of somewhat increased pain, rated 7/10, due to increased work typing. Tenderness to palpation was noted over the forearms and positive Finkelstein's test was noted. Current medications were not noted. The treatment plan included physical therapy, times 12 sessions, for bilateral forearms. Prior physical therapy treatments were referenced as completed (PR2 report 8/07/2014). A continued home exercise program was documented. Physical therapy notes were not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 sessions for bilateral forearms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine, pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Physical medicine treatment. ODG - PrefacePhysical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records document upper extremity complaints. The date of injury was 1/22/08. Electromyogram (EMG) / nerve conduction study (NCS) of the bilateral upper extremities performed on 3/9/13 was a normal study. Previous treatments included medications, physical therapy (PT), splints, and home exercise program, and acupuncture. The primary treating physician's progress report dated 1/30/15 documented that the patient denied new symptom changes. Physical examination demonstrated tenderness of the extensors of the forearms. No functional improvement with past physical therapy was documented. Physical therapy, 12 sessions for bilateral forearms, was requested on 1/30/15. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The request for 12 sessions of PT physical therapy exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for 12 sessions of PT physical therapy is not medically necessary.