

<b>Case Number:</b>	CM15-0080864		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male who sustained an industrial injury on 10/18/2011. Diagnoses include chronic hand pain, neuropathic pain of the right hand, and complex regional pain syndrome of the upper limb, status post right carpal tunnel surgery. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 04/06/2015 documents the injured worker presents with right wrist pain. His symptoms are described as tingling, numbness, burning, stabbing, and sharp pain with pressure and stiffness. Pain is well controlled and stable with current medication regime. The treatment plan is for a Transcutaneous Electrical Nerve Stimulation Unit, and she is to continue Lyrica as ordered for neuropathic pain. Treatment requested is for Physical Therapy (12-sessions for the right wrist).

### 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 the right wrist): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in October 2011 and continues to be treated for right upper extremity pain including a diagnosis of CRPS. He is status post right carpal tunnel surgery. When seen, there was a normal examination of the wrist. Prior treatments had included physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The additional therapy is not medically necessary.