

<b>Case Number:</b>	CM14-0125058		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 and Rehabilitation and is licensed to practice in California. 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:

This 53 year-old police sergeant sustained an injury on 10/11/13 from a motor vehicle accident while employed by [REDACTED]. Request(s) under consideration include additional physical therapy 2 x 6 weeks. Diagnoses include cervical sprain; lumbago; and sciatica. Conservative care has included medications, physical therapy (28 PT sessions authorized), and modified activities/rest. Report of 12/30/13 from the provider noted the patient with recent influenza and secondary bacterial infection; doing a little bit better with physical therapy. No exam was documented. Diagnoses included s/p MVA with bilateral shoulder sprain/strain; lumbar strain/sprain; sciatic pain; excacerbation of RSD with treatment to continued physical therapy 2x8 weeks. The patient remained totally disabled. Report of 7/2/14 from the provider noted the patient with ongoing chronic symptoms for reflex sympathetic dystrophy (RSD) and was scheduled to retire in 2 days. The patient had continued back pain radiating down right leg. Exam showed trigger points at perscapular region. The request(s) for additional physical therapy 2 x 6 weeks was non-certified on 7/18/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines.

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

**Decision rationale:** Although there is a working diagnosis of "RSD", there are no specific symptoms, clear clinical findings or imaging studies documented suggestive of this non-definitive disorder. Review indicated the patient has received at least 28 certified physical therapy visits for guidelines recommended 24 physical therapy sessions for evidence of CRPS. 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 physical therapy 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 work 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 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 physical therapy 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 request for additional physical therapy 2 x 6 weeks is not medically necessary and appropriate.