

<b>Case Number:</b>	CM14-0138686		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Occupational Medicine 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:

There were 206 pages provided for review. The request was for physical therapy of the right arm, elbow and bilateral hands. Frequency and duration details were not provided. Per the records provided, the previous reviewer noted that, to justify ongoing treatment, the patient should be formally assessed after six-visit clinical trial to see if the patient is moving in a positive direction. There was an explanation of the utilization review from August 15, 2014. There was an Agreed Medical Examiner (AME) report, dated September 28, 2011, which indicates the provider recommended a transposition of the nerve or release of the nerve and medial epicondylectomy. The claimant's condition was not permanent and stationary at that time. As of March 21, 2012, the AME indicated that invasive treatment was not necessary and the claimant was able to continue the usual and customary work. As of June 18, 2014, there was pain in the right arm, right elbow and bilateral hands. There was pain and spasticity which is constant and described as aching, burning and electrical. The pain was worse with physical therapy and it was better with rest, heat, medication and ice. There was a right carpal tunnel with ulnar release in November 2010, a left carpal tunnel with ulnar release in March 2011 and a right ulnar nerve transposition in November 2011. The claimant is able to work part-time. The patient uses a right wrist brace. The provider recommended eight sessions of therapy with myofascial release due to persistent pain. The claimant continues trying to work full time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy on the right arm/elbow and bilateral hands: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Carpal Tunnel Syndrome Procedure Summary, Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one should allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active, self-directed, home-based Physical Medicine. The conditions mentioned are myalgia and myositis, unspecified, for which 9-10 visits over 8 weeks are recommended; neuralgia, neuritis, and radiculitis, unspecified, for which 8-10 visits over 4 weeks are recommended; and reflex sympathetic dystrophy (CRPS), for which they recommend 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Moreover, the records attest that physical therapy worsens his clinical situation. Further, the frequency and duration of the therapy requested is not provided, which is a key part of the assessment on necessity. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over-treatment in a chronic situation, supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. ... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization." For these reasons, his request for more skilled, monitored therapy was not medically necessary.