

<b>Case Number:</b>	CM14-0148948		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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, has a subspecialty in Pain 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:

The injured worker had an original date of injury of June 4, 2009. The industrial diagnoses include chronic neck pain, chronic limb pain, complex regional pain syndrome, suspected thrust the outlet syndrome, depression, and anxiety. The patient has had conservative treatment with 91 sessions of physical therapy, pain medications, stellate ganglion block, and there was suggestion for spinal cord stimulator treatment but the patient never pursued this. In this case, the patient also reports a non-industrial complex regional pain syndrome affecting the left lower extremity. The patient has been getting ketamine infusions for this. The current disputed request is for additional physical therapy. This was denied in a utilization review because the patient exceeded the recommended number of physical and occupational therapy sessions, and there was no documentation that the patient is participating in self directed home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy Two times a week for four weeks, Including consult and follow-up with CPT codes [REDACTED], [REDACTED], [REDACTED] and [REDACTED], Bilateral Upper Extremities Quantity: 8, Upheld**

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

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. A total of 91 sessions have been attended to date. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. Furthermore, the patient should be well-versed in self-directed home exercises. Therefore additional physical therapy is not medically necessary.