

<b>Case Number:</b>	CM15-0003691		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: 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 35 year old male, who sustained an industrial injury on August 23, 2011. He has reported bilateral wrist pain. The diagnoses have included right and left carpal tunnel syndrome, right leg sprain, and an umbilical hernia repair. Treatment to date has included physical therapy for the hands, a right carpal tunnel release and medications. A progress report dated August 20, 2014 states that the patient is status post umbilical surgery on July 15, 2014. Objective findings reveal weight of 250 pounds, obese. Diagnoses include post op July 15, 2014, obesity, and hypertension. The treatment plan recommends follow-up for hypertension. An operative report indicates that the patient underwent a right carpal tunnel release on September 24, 2014. Currently, the injured worker complains of left wrist pain with numbness and swelling of the fingers and wrist. The treating physician is requesting physical therapy for an umbilical hernia repair. On December 31, 2014 Utilization Review non-certified the request for physical therapy noting the lack of documentation to support the medical necessity of the service. The MTUS, ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for an umbilical hernia, 2 times a week for 3 weeks; 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20. Decision based on Non-MTUS Citation Hernia, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional deficits related to the hernia repair, specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy is not medically necessary.