

<b>Case Number:</b>	CM15-0171164		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 44-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 30, 2013. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve a request for 24 sessions of physical therapy for the right arm. The claims administrator did partially approve 8 of the 24 sessions requested. A July 23, 2015 order form was cited in the determination. The applicant's attorney subsequently appealed. On July 23, 2015, the applicant reported ongoing complaints of phantom limb pain status post earlier transhumeral amputation on December 30, 2013. The applicant was on Norco, Cymbalta, Pamelor, Neurontin, lidocaine gel, Motrin, and Lyrica, it was reported. The attending provider contended that the applicant needed three months of additional physical therapy to ameliorate the applicant's chronic phantom limb pain. Multiple medications were continued and/or renewed. Additional physical therapy was sought. The applicant was described as having issues with chronic low back pain, opioid dependence, panic attack disorder, depression, and phantom limb pain. The applicant's work status was not furnished, although the applicant did not appear to be working. On August 10, 2015, it was stated that the applicant had various psychological issues including irritability, agitation, decrease libido, and difficulty concentrating. The applicant was placed off of work, on total temporary disability, while Cymbalta, Wellbutrin, Adderall, Abilify, Pamelor, Levoxyl, and Klonopin were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirror physical therapy 2 times weekly for the right arm QTY: 24.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ncbi.nlm.nih.gov Mirror Therapy for Phantom Limb Pain.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** No, the request for 24 sessions of physical therapy for the right arm was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 24 sessions of physical therapy for reflex sympathetic dystrophy/complex regional pain syndrome, i.e., an issue essentially analogous to applicant's issues with phantom limb pain, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made on the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for physical therapy and/or physical methods which "clearly state treatment goals." Here, however, the applicant was off of work, it was acknowledged above. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Norco, Cymbalta, Lyrica, Neurontin, Lidocaine gel, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. It did not appear likely, moreover, that the applicant would stand to gain from further treatment as of this relatively late stage in the course of the claim, i.e., little less than two years removed from the date of injury. Clear goals for further treatment were neither stated nor formulated. Therefore, the request was not medically necessary.