

<b>Case Number:</b>	CM15-0026962		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 44 year old female who sustained a repetitive industrial injury on January 8, 2013. The injured worker was diagnosed with bilateral carpal tunnel syndrome, cervical sprain/strain, right shoulder rotator cuff tear and depression. The injured worker underwent left carpal tunnel release on August 28, 2014. The injured worker also had a right carpal tunnel release on May 15, 2014 and right elbow ulnar nerve transposition on April 3, 2014. A right shoulder magnetic resonance imaging (MRI) performed on November 29, 2014 demonstrated a 4-5 mm full thickness tear involving the supraspinatus. There was no muscular atrophy and no significant fiber retraction. A cervical magnetic resonance imaging (MRI) performed on December 29, 2014 noted a C5-6 posterior disc protrusion with bilateral neural foraminal narrowing and canal stenosis with bilateral exiting nerve root compromise. At C6-7 a posterior annular tear within the intervertebral disc and disc protrusion without narrowing or stenosis. According to the primary treating physician's progress report the injured worker continues to experience right wrist, elbow and shoulder pain. Current medications consist of Cymbalta and Ambien. Treatment modalities consist of post-operative physical therapy, acupuncture therapy, occupational therapy, psychotherapy sessions, home exercise program and medication. The treating physician requested authorization for 12 sessions of physical therapy for the Right Wrist and Elbow. On January 21, 2015 the Utilization Review denied certification for 12 sessions of physical therapy for the Right Wrist and Elbow. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Post-Surgical Treatment Guidelines,

American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 Sessions of Physical Therapy for The Right Wrist and Elbow: Upheld**

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. In the absence of such documentation, the request cannot be certified.