

<b>Case Number:</b>	CM13-0018346		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This female sustained an injury on 3/5/12 while employed by the [REDACTED]. Requests under consideration include Physical Therapy eight sessions 2x4 and Chiropractic Care Eight visits 2x4. Report from [REDACTED] dated 7/18/13 noted the patient with continued neck pain with bilateral upper extremity radicular pain. Patient stated she had never had chiropractic care. Exam showed tender paraspinals and trapezius with strain; range limited with positive compression test; DTRs decreased diffusely; sensation decreased in patchy pattern in bilateral upper extremities. Diagnoses include bilateral wrist tenderness with right CTS; bilateral shoulder sprain/strain; cervical/thoracic/lumbar sprain/strain with left upper extremity radiculopathy, sleep trouble due to pain. Plan was to proceed with rheumatology consultation, review MRI, request for short course of PT (word chiro crossed out and replaced above with physical therapy) to decrease pain and increase range. Review of previous notes dated 6/19/13 and 4/24/13 had the same symptoms complaints and clinical findings. There is a review report dated 3/26/13 noting 8 sessions of PT to the spine certified. Requests above were non-certified on 8/12/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Eight Sessions 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** This female sustained an injury on 3/5/12 while employed by the [REDACTED]. Report from [REDACTED] dated 7/18/13 noted the patient with continued neck pain with bilateral upper extremity radicular pain. Patient stated she had never had chiropractic care. Exam showed tender paraspinals and trapezius with strain; range limited with positive compression test; DTRs decreased diffusely; sensation decreased in patchy pattern in bilateral upper extremities. Diagnoses include bilateral wrist tenderness with right CTS; bilateral shoulder sprain/strain; cervical/thoracic/lumbar sprain/strain with left upper extremity radiculopathy, sleep trouble due to pain. Plan was to proceed with rheumatology consultation, review MRI, request for short course of PT (word chiro crossed out and replaced above with physical therapy) to decrease pain and increase range. There is a review report dated 3/26/13 noting 8 sessions of PT to the spine certified. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased range of motion, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received at least 8 therapy sessions per reports by physical therapist and clinic notes without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy eight sessions 2x4 is not medically necessary and appropriate.

**Chiropractic Care Eight Visits 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Section Page(s): 58-60.

**Decision rationale:** This female sustained an injury on 3/5/12 while employed by the [REDACTED]. Report from [REDACTED] dated 7/18/13 noted the patient with continued neck pain with bilateral upper extremity radicular pain. Patient stated she had never had chiropractic care. Exam showed tender paraspinals and trapezius with strain; range limited with positive compression test; DTRs decreased diffusely; sensation decreased in patchy pattern in bilateral upper extremities. Diagnoses include bilateral wrist tenderness with right CTS; bilateral shoulder sprain/strain; cervical/thoracic/lumbar sprain/strain with left upper extremity

radiculopathy, sleep trouble due to pain. Plan was to proceed with rheumatology consultation, review MRI, request for short course of PT (word chiro crossed out and replaced above with physical therapy) to decrease pain and increase range. There is a review report dated 3/26/13 noting 8 sessions of PT to the spine certified. Per report from [REDACTED] on 7/18/13, it does not appear that chiropractic care was requested as it was crossed out. Submitted reports have not adequately addressed the medical indication for chiropractic care nor is there any demonstrated neurological deficit to render chiropractic treatment for this injury. There is no report of acute flare-ups or new red-flag findings nor are there any documented functional benefit derived from previous extensive conservative treatment for this injury of March 2012. The Chiropractic Care Eight visits 2x4 are not medically necessary and appropriate.