

<b>Case Number:</b>	CM13-0038564		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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:

The patient is a 58-year-old male who sustained multiple injuries due to continuous trauma from 5/24/89 to 10/1/10 secondary to repetitive work activities. The patient was diagnosed with cervical disc bulge, thoracic disc bulge, left shoulder tendinosis, status post right shoulder surgery, right elbow strain, and right wrist/hand strain. Right shoulder/arm surgery was performed on 10/06/10 by [REDACTED], the surgery resulted in improvement. A request for 12 physical therapy sessions for the cervical spine, thoracic spine and right wrist were made. Cervical MRI dated 12/27/10 by [REDACTED] demonstrated multilevel degenerative disc disease from C3-4 through C6-7. At C5-6, there was moderately severe narrowing with a 5 mm posterior central to left lateral encroachment. Thoracic MRI on the same date revealed multilevel degenerative disc disease from T5-6 through T10-11. Upper extremity EMG/NCV dated 1/13/11 showed evidence of severe bilateral carpal tunnel syndrome affecting sensory and motor components. Testing for this injury consisted of X-rays, MRI scanning, and upper extremity, electrodiagnostic studies. Prior treatment consisted of activity restrictions, medication, physical therapy, HEP, heat, massage, and traction. The patient continues to suffer neck, upper back, right shoulder/arm, right elbow/forearm, and right wrist/hand, and vision residuals as a result of this injury. In the most recent medical report dated 9/19/13 the patient presented with persistent pain in the neck and upper back as well as recurrent right wrist/hand pain. Examination revealed intact sensation at the right dorsal thumb web, right index tip, and right small tip. Physical therapy was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions for the cervical spine, thoracic spine and right wrist, between 10/2/2013 and 12/1/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

**Decision rationale:** Although additional physical therapy sessions were recommended by the treating physician, there was no documentation of any functional improvement with the previous physical therapy sessions. Also, there were no specific functional measurements such as range of motion and motor strength grading in the latest report indicate the patient's current deficits. The last documented functional evaluation of his cervical spine and right wrist was noted over four months ago (5/23/13). Moreover, the requested 12 physical therapy sessions exceeded the number of visits recommended for the claimant conditions by the referenced guidelines. With the above issues Therefore the request for Twelve (12) physical therapy sessions for the cervical spine, thoracic spine and right wrist, between 10/2/2013 and 12/1/2013 is not medically necessary.