

<b>Case Number:</b>	CM13-0040928		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 & 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:

The patient is a 53-year-old male who reported an injury on 08/02/2010. The patient is currently diagnosed with cervical spine strain and sprain with radicular complaints, bilateral carpal tunnel syndrome, and history of laceration to the 2nd, 3rd, and 4th digits on the left hand. The patient was recently seen by [REDACTED] on 11/27/2013. The patient reported intermittent moderate pain in the neck with radiation to bilateral shoulders, as well as intermittent moderate pain in bilateral hands and wrists. Physical examination revealed tenderness to palpation of the cervical spine with mildly positive cervical distraction test, muscle spasm, restricted range of motion, and tenderness to palpation over bilateral wrists, restricted range of motion of the left wrist, and diminished grip strength on the left. Treatment recommendations included physical therapy twice per week for 4 weeks and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 for the cervical spine and bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** California MTUS Guidelines state 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. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. Official Disability Guidelines state treatment for a sprain and strain of the neck includes 10 visits over 8 weeks. Treatment for carpal tunnel syndrome includes 1-3 visits over 3-5 weeks. As per the clinical notes submitted, the patient has previously participated in physical therapy. It is noted by the provider on several occasions, including 06/12/2013, 07/10/2013, 08/07/2013, 09/04/2013, and 10/30/2013, physical therapy at a rate of twice per week for the next 4 weeks was recommended. Documentation of the previous course of physical therapy with treatment duration and efficacy was not provided for review. The patient continues to report persistent pain. There is no mention of the total completed physical therapy sessions to date. Based on the clinical information received, the request is non-certified.