

<b>Case Number:</b>	CM13-0063512		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/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 29-year-old female who reported an injury on 07/23/2007. The mechanism of injury was not stated. The patient is currently diagnosed with cervical facet arthropathy, cervical spondylosis without myelopathy, and headache. The patient was seen by [REDACTED] on 11/13/2013. The patient reported chronic, severe mid to low back pain with headaches and neck and wrist pain. The patient has been treated with physical therapy, acupuncture treatment, and chiropractic therapy. Physical examination revealed tenderness to palpation, slightly diminished range of motion, 4/5 strength in bilateral upper extremities, and decreased sensation in the left upper extremity. The patient also demonstrated tenderness to the right hand with positive Tinel's and Phalen's testing. Treatment recommendations included continuation of current medication, an Electromyography and Nerve Conduction Studies additional hand therapy, and chiropractic care

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional hand therapy visits two times six:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (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. As per the documentation submitted, the patient has completed a previous course of physical therapy. However, there is no documentation of this patient's previous participation in physical therapy. Without evidence of objective functional improvement, the current request cannot be determined as medically appropriate. Additionally, the request for 12 sessions of hand therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

**Additional Chiropractic visits two times four:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the forearm, wrist, and hand is not recommended. As per the clinical documentation submitted, the patient has previously participated in chiropractic treatment. However, there is no evidence of objective functional improvement. Based on the clinical information received and the California Medical Treatment Utilization Schedule (MTUS) Guidelines, the request is non-certified.