

<b>Case Number:</b>	CM13-0065824		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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 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 64 year old female who was injured on 01/28/2010 while she was helping to transport a heavy patient from one bed to another and has complaint of chronic neck pain. Diagnostic studies reveal a cervical MRI dated November 2011 showing severe spondylosis of the cervical spine, deforms the anterior cervical cord. Prior treatment history has included behavioral medicine approved for six visits, physical therapy completed over three weeks. The patient has undergone right wrist flexor tenosynovectomy, right carpal tunnel release and in situ right cubital tunnel release. Medications include: 1. Norco 10/325 mg #120 2. Neurontin 100 mg #100 3. Lunesta 2 mg #30 4. Lidoderm Patches #60 5. Methadone 5 mg #90 PR-2 dated 12/04/2013 documented the patient to have complaints of numbness and paresthesias that are "almost gone". Objective findings on exam included her light touch and pinwheel sensation is intact. Her range of motion is full. Progress note dated 12/19/2013 documented the patient with complaints of radicular pain into both arms, the right greater than left side. There is progression of the pain and neurological deficit. Decreased brachioradialis DTR right arm. There is weakness in the right biceps and right deltoid. She continues to be very active as a mother and grandmother. Objective findings on exam reveal sensory loss/alteration C6 left hand. Difficulty lifting and holding up the arms. Positive spasms in both arms, right more than left. Deep tendon reflexes decreased right brachioradialis. Diagnoses: 1. Chronic neck pain, degenerative cervical spondylosis. 2. Chronic neck pain, myofascial pain syndrome. 3. Chronic right shoulder pain, osteoarthritis. 4. Pain disorder with psychological/general medical condition. 5. Insomnia due to chronic persistent pain (Lunesta 4 mg effective). Occupational therapy visit dated 12/04/2013 documented the patient with complaints of right wrist pain. Objective findings reveal limitations on range of motion, strength and with pain. Has difficulty with ADLs. Range of motion testing: Jamar 15, decreased by 15 from visit 11/18/2013, lateral pinch 15, increased from 9 on

11/18/2013 and chuck pinch 8, increased by 1 from 11/18/2013. Assessment: Patient unable to tolerate more activity in therapy and pain not getting as high. Plan: recommend additional therapy 2 times per week for 3 more weeks.

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

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

**Continued physical therapy (hand/wrist) two (2) times a week for three to four (3 to 4):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** According to the CA MTUS, physical therapy for the wrist and hand (CTS post-operative) is recommended for 3 to 5 visits over 4 weeks after surgery, up to the maximum treatment period of 3 months. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. The medical records document the patient has received a total of 22 visits of OT with the last treatment date on 12/04/2013. The patient underwent surgery on 08/20/2013 and has received more than the recommended visits. Further, the OT visits do not document significant functional gains with the therapy she has already received. As such, medical necessity for the wrist PT has not been established based on the guidelines and documentation available.

**Continued physical therapy (cervical spine) two (2) times a week for three to four (3 to 4):**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Procedure Summary.

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

**Decision rationale:** With regards to the PT request for the cervical spine, it is unclear, according to the records provided if the patient has already received physical therapy for the cervical spine. The injury occurred over 4 years ago and there is no indication the patient has a flare-up or exacerbation of the prior injury. Therefore, medical necessity for the cervical spine PT has not been established based on the documentation available.

**Continued physical therapy (shoulder) two (2) times a week for three to four (3 to 4):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Procedure Summary.

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

**Decision rationale:** With regards to the PT request for the shoulder, it is unclear, according to the records provided if the patient has already received physical therapy for these body parts. The injury occurred over 4 years ago and there is no indication the patient has a flare-up or exacerbation of the prior injury. Therefore, medical necessity for the shoulder PT has not been established based on the documentation available.