

<b>Case Number:</b>	CM14-0004536		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 injured worker is a 65 year old female who reported an injury on 01/28/2010, due to an unknown mechanism. The clinical note dated 12/03/2013 presented the injured worker with significant pain in the trapezius radiating to the deltoid bilaterally, significant pain with neck motion, and weakness in her shoulders. The injured workers physical exam revealed significant limitation to range of motion to the neck, with approximately 30 degrees of left rotation and 40 degrees of right rotation, with a positive Spurling's to the left, and tenderness along the paracervical muscles to the rhomboids bilaterally. An MRI of the cervical spine dated 10/24/2013 revealed a disc protrusion at the C3-C4 level and bilateral foraminal narrowing at C4-C5. The injured worker was diagnosed with cervical disc herniation with myelopathy, cervical spinal stenosis, ulnar neuropathy with cubital tunnel, shaoulder pain, and hand pain. The provider recommended physical therapy to the cervical spine and physical therapy to the right wrist and elbow. The request for authorization form is dated 10/23/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TO THE CERVICAL SPINE, ONCE A WEEK FOR 8 WEEKS:**  
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.

**Decision rationale:** The request for physical therapy to the cervical spine once a week for eight weeks is non-certified. The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. There was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The goal of the physical therapy treatment was unclear. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed for the cervical spine is unclear. Therefore, the request is not medically necessary.

**CONTINUED POST-OP PHYSICAL THERAPY TO THE RIGHT WRIST AND ELBOW, ONCE A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

**Decision rationale:** The request for continued post-op physical therapy to the right wrist and elbow once a week for six weeks is not medically necessary. The California MTUS Guidelines recommend 3-8 visits of physical therapy over 3-5 weeks statuspost open or endoscopic carpal tunnel release. The guidelines note the postsurgical physical medicine treatment period is 3 months. The guidelines recommend 20 visits of physical therapy over 3 months statuspost cubital tunnel release with a postsurgical physical medicine treatment period of 6 months. There was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The goal of the physical therapy treatment was unclear. Therefore the request is not medically necessary.