

<b>Case Number:</b>	CM14-0004565		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopedic Surgery, 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 record notes a 28-year-old individual with a date of injury of May 17, 2013. The mechanism of injury reported was repetitive activity and a sudden onset of pain while reaching for a computer mouse. This review is for the requested service of physical therapy two (2) times a week for four (4) weeks for the cervical spine and right upper extremity, which was recommended for non-certification on January 3, 2014. A progress note dated December 26, 2013 is provided for review in support of the above noted request indicating subjective improvement noted with therapy, with less pain and better tolerance of activities. There's no physical examination included in this report. The diagnoses include cervical strain; flexor extensor tendinitis, right forearm; and early mild right carpal tunnel syndrome. The treatment recommendation is to continue physical therapy (PT). A preceding progress note dated December 16, 2013 indicates that the claimant had started PT the prior week. An increase in numbness is noted with the recent initiation of a wrist brace. Right-sided neck pain, scapular region, and numbness of the right lateral shoulder, and right hand, including the thumb, index, and middle finger is noted. The physical examination noted includes a negative Finkelstein's, negative Tinel's, positive Phalen's, full range of motion, normal motor testing, and deep tendon reflexes (DTR) testing, and a negative Spurling's. The treatment recommendation is to continue physical therapy and follow-up in one month. The claimant has been treated to date with oral anti-inflammatory, anti-inflammatory patch, activity modifications, physical therapy, and a brace. The claimant was approved for six (6) sessions of physical therapy in June 2013, and another six (6) sessions of therapy in November 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO SESSIONS PER WEEK FOR FOUR WEEKS TO THE CERVICAL SPINE AND RIGHT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, NECK-TABLE 8-5, METHODS OF SYMPTOM CONTROL FOR NECK AND UPPER BACK COMPLAINTS, 173-175, 590-600

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS NECK AND UPPER BACK COMPLAINTS CHAPTER (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 8) PAGE 174, AND MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, PAGE 98-99.

**Decision rationale:** The MTUS guidelines support additional physical therapy in select clinical settings where objective documentation evidencing functional improvement with the prior session provided is noted. When the treatment recommendations fall outside the guideline recommendations, a notation identifying the claimant as an outlier to the guideline recommendations is necessary. The record provides no documentation of objective functional improvement noted with the prior session provided, and there is no documentation in the medical record justifying the reason that the claimant requires ongoing formal physical therapy outside of the guideline recommendations. In the absence of either of these requirements, the medical necessity of additional formal physical therapy has not been supported by the documentation. Therefore, this request is recommended for non-certification.