

<b>Case Number:</b>	CM14-0005905		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/27/2005
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/31/2013
<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 Physical Medicine & Rehabilitation, Pain Medicine, 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 claimant is a 46-year-old female with a date of injury of 10/27/2005. The mechanism of injury was cumulative injury to neck, back, left shoulder, and bilateral upper extremities. She is status post C6-7 discectomy and fusion. She is also diagnosed with trapezial, paracervical and scapular sprain and bilateral carpal tunnel syndrome (CTS). Objectively, there was slight muscle tenderness. The cervical spine range of motion (ROM) was slightly decreased with some pain. Tinel's sign was positive at carpal tunnel bilaterally. Grip strength was mildly diminished. The Median and Ulnar intrinsic muscles strength was normal. The ROM was normal in both upper extremities. The AP has noted that the patient's symptoms are improving with therapy. Additional outpatient physical therapy (2) times a week for (6) weeks for the neck and bilateral wrist has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL OUTPATIENT PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS FOR THE NECK AND BILATERAL WRIST:** Upheld

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

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

**Decision rationale:** Per CA MTUS chronic pain treatment guidelines, continued physical therapy is indicated when there is evidence of functional improvement in the objective measurements such as pain level, range of motion (ROM) or strength with previous therapy. However, the information in the submitted medical records is limited and does not demonstrate any significant functional improvement in the objective measurements. Therefore, the medical necessity of the request service cannot be established at this time.