

<b>Case Number:</b>	CM14-0014392		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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, 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 52-year-old female who reported injuries due to repetitive strain on 10/17/2012. On 12/31/2013, her diagnoses included cervical spondylosis without myelopathy, ulnar nerve lesion, carpal tunnel syndrome, lateral epicondylitis, and pain in the joint, forearm. On 01/30/2014, it was noted that her prior treatments included physical therapy to the hands and bilateral wrists, acupuncture, home exercise program, chiropractic treatment, modified work, cervical epidural steroid injections, wrist splints and oral medications. The dates, number of sessions and modalities of the physical therapy were not included in the documentation. The rationale for the requested physical therapy stated that this worker continued to have chronic neck pain. She continued with a home exercise program and paid out of pocket for chiropractic therapy. She had been waiting for authorization for an initial evaluation at a functional restoration program. She also used topical and oral medications; thus, the request for 12 sessions of physical therapy for neck and bilateral upper extremities. In the progress note on 09/24/2013, it was noted that she had attended physical therapy on 02/14/2013 for the bilateral upper extremities and that the physical therapy for both wrists aggravated her neck. The note goes on to state that she was told to take a break from physical therapy. A Request for Authorization dated 02/03/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (cervical, bilateral upper extremity) once a week for 12 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for physical therapy cervical and bilateral upper extremity once a week for 12 weeks is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The physical medicine guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. The requested 12 weeks exceeds the recommendations in the guidelines. Therefore, this request for physical therapy cervical and bilateral upper extremity once a week for 12 weeks is not medically necessary.