

<b>Case Number:</b>	CM14-0146288		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/08/2007
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old female with a work injury dated 6/8/07. The diagnoses includes status post anterior cervical disc fusion (ACDF) C5-C6 performed in 2009; cervical and thoracolumbar myoligamentous strains; status post anterior cervical discectomy and fusion, C5-C6, (April 14, 2009); and carpal tunnel syndrome. Under consideration are requests for PT 3 x 4. There is a 2/5/14 QME where the patient states that she continues to have chronic daily neck pain with numbness, and tingling radiating into the left arm, involving the last 3 fingers of the left hand. She does have occasional low-back pain but denies -any radiating pain, numbness, and tingling into the lower extremities. Any jarring sensation, such as stepping down hard, causes her head and neck pain to become "unbearable". She tends to drop things out of her left hand when it goes numb. There was 5/5 strength in the muscles of all extremities. Muscle tone and bulk were within normal limits. No abnormal movements were noted. Deep tendon reflexes were 2+ and equal in biceps, triceps, brachioradialis, quadriceps and gastrocnemius bilaterally. The toes were down going. There is patchy decreased sensation in the left upper extremity in what appears to be the C6 and possibly median nerve distribution. Sensation was otherwise intact throughout. There were good rapid alternating movements of the upper extremities, as well as finger-to-nose and heel-to-shin testing. The patient's posture was normal in the lying, sitting and standing positions. The gait was performed well on toes, heels and soles, as well as in tandem. Per documentation in an office visit from 8/17/14 the patient has complaints of cervical spine eight of ten (8/10), lumbar pain six to seven of ten (6-7/10). She continues with constant pain at the cervical spine which causes migraines. She has left hand numbness and tingling consistent with carpal tunnel syndrome (CTS).

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

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

**PT 3X4:** 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.

**Decision rationale:** PT 3 x 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had a work injury in 2007. The documentation is not clear how much prior therapy the patient has had and the outcome of this therapy. Furthermore, the request as written does not specify a body part that the therapy is for. Without clarification of all this information additional therapy cannot be certified and therefore the request for PT 3 x 4 is not medically necessary.