

<b>Case Number:</b>	CM14-0167524		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	08/21/2009
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Family 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:

This 54-year old LVN reported an injury to her right shoulder due to picking up a box on 8/21/09. A diagnosis of cervical radiculopathy was ultimately made. She had a cervical decompression in 2010 which did not alleviate her symptoms. Her previous primary treater listed diagnoses of multilevel cervical discopathy with right cervical radiculitis, status post C7-T1 posterior foraminotomy, obesity, history of depressive disorder, right carpal tunnel syndrome, and chronic pain syndrome. His last note in the records dated 7/10/14, states that the patient's treatment is becoming more problematic with suggestion of strong psychological overlay. He also stated that she is quite obese and has symptoms of sleep apnea. He requested psychological evaluation and treatment and sleep studies. According to the notes of the current treater, the patient left the previous treater because the insurance company stopped paying for visits, and because he did not know what else to do for her. Treatment with the current treater has included bilateral wrist steroid injections for carpal tunnel syndrome. A staged carpal tunnel release beginning with the right wrist is planned. A note from the current provider dated 9/23/14 documents that the patient continues to have constant 8/10 pain in her neck. The patient has decided not to proceed with an epidural steroid injection and would rather continue PT. Physical findings include obesity, neck tenderness and spasm, limited neck range of motion, bilateral wrist weakness, and positive Tinel's signs bilaterally. Diagnoses include cervical radiculopathy, right carpal tunnel syndrome, and neck pain. The plan includes a referral for 12 sessions of PT. The note refers to blood pressure and weight readings obtained during three visits in August of 2014, but the available records do not contain any notes from those visits. The records contain a request for authorization for physical therapy renewal 2 times per week for 6 weeks for 12 sessions for cervical radiculopathy, right carpal tunnel syndrome and neck pain dated 9/22/14. The records also contain a note from a physical therapist dated 8/19/14 which states that the

patient is scheduled for PT every two weeks beginning 8/19/14 and ending 11/11/14. The note states that the patient is "about the same", and that her potential for rehabilitation is "fair". Neither the therapist nor the treating physician documents any improvement in function as a result of the patient's therapy, which should have continued well past the date of the request for additional therapy on 9/22. There are also no comments about any therapy which the patient received from her previous provider and how she responded to it.

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

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

**Physical therapy x 12 sessions for cervical and right carpal tunnel.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Physical Medicine Page(s): 9; 98-99.

**Decision rationale:** Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second reference states that passive therapy is for the early phase of treatment. Active therapy is recommended over passive care, with transition to home therapy. A maximum of 9-10 visits over 8 weeks is recommended for myalgia or myositis, and a maximum of 8-10 visits over 4 weeks is recommended for neuralgia, neuritis and radiculitis. The clinical records in this case do not support continuing physical therapy for this patient. She is well beyond the initial phase of treatment. At the time the additional 12 PT visits were requested, the patient should have already attended 5 PT visits, with 7 more scheduled through 11/11/14. It is also quite likely that she had numerous PT visits with her previous provider. Even if that did not occur, 12 PT visits alone should be sufficient to allow the patient to receive the necessary active therapy and to be instructed in home exercise. No goals for functional improvement are documented anywhere in the records, and there is no documentation of any goals that have been met in either the primary provider's or the PT notes. There is no documentation as to why this patient would be likely to receive further benefit from PT in addition to the 12 visits already authorized, which appear to have accomplished very little. Based on the evidence-based guidelines cited above and the clinical findings provided for my review, 12 additional physical therapy sessions (2X6 weeks) for the neck and for R carpal tunnel syndrome are not medically necessary.