

<b>Case Number:</b>	CM14-0176139		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Interventional Spine 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 patient is a 50-year-old male with date of injury of 08/01/2013. The listed diagnoses per [REDACTED] from 08/06/2014 are: 1. Cervical disk herniation without myelopathy. 2. Thoracic disk displacement without myelopathy. 3. Lumbar disk displacement without myelopathy. 4. Carpal tunnel syndrome. 5. Tendinitis/bursitis of the right hand/wrist. 6. Bursitis and tendinitis of the bilateral shoulders. 7. Tear of the medial meniscus of the bilateral knees. According to this report, the patient complains of right wrist and hand, bilateral shoulders, cervical spine, lumbar spine, right knee, and thoracic spine pain. He complains of frequent moderate to severe pain that is described as burning and is aggravated by gripping and grasping. The examination shows a +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles, and bilateral upper shoulder muscles. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. There was a +3 spasm and tenderness to the bilateral paraspinal muscle from T4 to T7 and +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Straight leg raise was positive bilaterally. Yeoman's was positive bilaterally. There is a +3 spasm and tenderness to the bilateral upper shoulder muscles and bilateral rotator cuff muscles. Tinel's test was positive on the right. There was a +3 spasm and tenderness to the right anterior wrist and right posterior extensor tendons and bilateral anterior joint lines and popliteal fossae of the knees. Valgus test was positive on the left, and varus test was positive on the left. McMurray's test was positive bilaterally. The utilization review denied the request on 09/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional physical medicine visits (electric muscle stimulation, infrared, paraffin, chiropractic therapy, massage, therapeutic activities): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** This patient presents with right wrist and hand, bilateral shoulders, cervical spine, lumbar spine, right knee, and thoracic spine pain. The treating physician is requesting 6 additional physical medicine visits. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The 06/11/2014 report shows that the patient continues to complain of right wrist and hand, bilateral shoulders, cervical spine, lumbar spine, right knee, and thoracic spine pain. There is a +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles, and bilateral upper shoulder muscles. Axial compression, shoulder depression test was positive bilaterally. Lumbar spine inspection shows +4 spasms and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Kemp's test and Yeoman's test were positive bilaterally. Straight leg raise test was positive bilaterally. Lumbar dermatomes were equal bilaterally to touch. Tenderness was noted in the right anterior wrist and right posterior extensor tendons. There was a +3 spasm and tenderness throughout the bilateral anterior joint lines and popliteal fossae. The 08/06/2014 report notes that since the patient's last examination, he has completed 12 sessions of physical medicine and showed significant functional improvement. The patient's trigger finger is still present and will need to be evaluated by an orthopedic surgeon. He reports increased activities of daily living including ability to wash dishes. The patient also reports decreased medication use and increased range of motion in the lumbar spine. The treating physician is requesting 12 additional physical therapy visits to increase the patient's activities of daily living, decrease work restrictions, decrease the need for medication, decrease visual analog scale rating, decrease swelling, and increase measured active range of motion. In this case, the patient has completed 12 physical therapy sessions recently with noted functional improvement and the requested 6 additional sessions would exceed MTUS. The patient should now be able to transition into a home exercise program to improve strength and range of motion. Recommendation is for not medically necessary.