

<b>Case Number:</b>	CM14-0028679		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 43 year old female with an injury date on 07/27/2012. The listed diagnoses per [REDACTED] dated 02/06/2014 are: 1. Sprain Neck 2. Carpal Tunnel Syndrome 3. Degen. Cervical Intervert. Disc According to this report, the patient complains of persistent neck pain and occasional right index and middle finger numbness. The cervical paraspinals muscle was tender and pain in the cervical range of motion. Tinel's, Phalen's and compression tested negative at the carpal tunnel on the right. There was no evidence of the thenar atrophy on the right. X-rays of the cervical spine (from today) show loss of lordosis and degenerative disk disease at C5-C6, C6-C7, and C7-T1. MRI of the cervical spine from September 2012 shows disc herniations at C5-C6 and C6-C7 with uncovertebral hypertrophy on the right side at C5-C6. There were no other significant findings noted on this report. The utilization review denied the request on 02/12/2014. [REDACTED] is the requesting provider, and she provided treatment reports from 01/08/2014 to 02/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (2) times a week for (6) weeks for cervical spine evaluate and treat:**  
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:** According to the 02/06/2014 report by [REDACTED] this patient presents with persistent neck pain and occasional right index and middle finger numbness. The treating physician is requesting physical therapy 2 times a week for 6 weeks for the cervical spine evaluate and treat but the treating physician's report and request for authorization containing the request is not included in the file. For physical medicine, the MTUS guideline recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports shows no recent therapy treatments and the treater does not discuss the patient's progress. There is no discussion regarding why the patient is not able to perform the necessary home exercises and what is to be achieved with additional therapy. The request also exceeds 9-10 sessions recommended by MTUS for this kind of condition. Therefore this request is not medically necessary.

**RETROSPECTIVE CORTISONE INJECTION TO RIGHT CARPAL TUNNEL:**

Overtuned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264,265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** According to the 02/06/2014 report by [REDACTED] this patient presents with persistent neck pain and occasional right index and middle finger numbness. The treating physician is requesting a retrospective cortisone injection to the right carpal tunnel. The UR denial letter state the patient did not demonstrate clinical findings on physical examination consistent with carpal tunnel syndrome. Regarding cortisone injection, ACOEM guidelines state Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. For optimal care, a clinician may always try conservative methods before considering an injection. Review of the reports shows that the patient has numbness and tingling in the 2nd, and 3rd digits. Examination findings are unremarkable for CTS. Included in the file were no EMG/NCV studies. Given the patient's CTS symptoms, a trial of cortisone injection was reasonable and supported by ODG guidelines. Therefore the request is medically necessary.