

<b>Case Number:</b>	CM14-0034165		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/06/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Utah. 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 47 year-old female. The patient's date of injury is 10/06/2013. The mechanism of injury is described as reaching up to grab a box. The patient has been diagnosed with cervical strain, probable bilateral carpal tunnel and/or cubital tunnel, Lumbosacral strain, Doubt significant intrinsic hip pathology, bilaterally, bilateral foot sprain, possible left inguinal hernia, sleep disturbance. The patient's treatments have included Chiro Therapy, imaging studies, and medications. The physical exam findings, her cervical foraminal compression test was negative. Pain was noted with neck motion. The cervical forward flexion was noted at 50 degrees, extension at 60 degrees. The Spurling test was negative bilaterally. There was tenderness to palpation over the mid-line of the entire cervical spine, paraspinals and bilateral trapezii. The shoulders were noted with a full range of motion. Document of December 13th, 2013 state reflexes of patellar and Achilles at 2/4 and equal, motor power is reported as 5 of 5, and sensation is reported as decreased in the entire feet, bilaterally. The patient's medications have included, but are not limited to, ibuprofen, multi-vitamins and naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Physical Therapy Visits for the lumbar spine, cervical spine, bilateral feet/ankles.:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Neuralgia, neuritis, and radiculitis, unspecified Page(s): 98.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for 12 Physical Therapy Visits for the lumbar spine, cervical spine, and bilateral feet/ankles. MTUS guidelines state the following: The current recommendation for Physical therapy, neuralgia, neuritis, and radiculitis, is 8 to 10 visits over a total of four weeks. According to the clinical documentation provided and current MTUS guidelines; 12 Physical Therapy Visits for the lumbar spine, cervical spine, and bilateral feet/ankles - is not indicated as a medical necessity to the patient at this time, as the request exceeds the number of recommended visits. As of note, the patient has been approved from a modified 8 session of physical therapy.

**EMG bilateral upper and bilateral lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines, Low Back Complaints and Neck Complaints Page(s): page(s) 303-305 ; page 178.

**Decision rationale:** The current request is for EMG. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the clinical documents there is no evidence of neuropathy in the patient, as deep tendon reflexes and motor function are reported as normal. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. There is no clinical documentation evidence for indication of EMG testing; The EMG is not indicated as a medical necessity at this time.

**NCV bilateral upper and lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-273.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for NCV bilateral upper and lower extremities. According to the clinical documents there is no evidence of neuropathy in the patient, as deep tendon reflexes and motor function are reported as normal. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. There is also no indication that the patient is a candidate for a carpal tunnel release. According to the clinical documentation provided and current MTUS guidelines; NCV bilateral upper and lower extremities - is not indicated as a medical necessity to the patient at this time.

