

<b>Case Number:</b>	CM14-0038170		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 & Rehabilitation 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 is a 45-year old female with a date of injury of 8/01/11. The mechanism of injury is not discussed the submitted medical records. The patient has multiple diagnoses, including cervical strain/ degenerative disc disease (DDD) thoracic outlet syndrome, bilateral wrist tendonitis and carpal tunnel syndrome (CTS). An magnetic resonance imaging (MRI) of the cervical spine on 10/29/13 shows mild discogenic changes at C5-6, mild central stenosis at C3-4 without cord compromise, and mild neural foraminal stenosis at C3-4 and C4-5 and bilateral at C5-6 related to uncovertebral hypertrophy. The current treating primary treating physician (PTP) is an orthopedic specialist, whose multiple reports are requesting chiropractic care, not physical therapy (PT). The number of PT (or chiro) are not discussed in any of the reports from the PTP. The most recent report prior to the UR decision does not indicate that there is a new injury or acute exacerbation. A request for "PT" was submitted to Utilization Review with an adverse decision rendered on 2/26/14. This report notes that treatment has included medications, splinting, modified work duty, ergonomic adjustments, chiropractic treatment, electrical stimulation, acupuncture for 6, and physical therapy for 24 to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 weeks for the cervical, right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175,Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical therapy (PT); Forearm, Wrist, & Hand, Physical/Occupational therapy.

**Decision rationale:** ACOEM Guidelines is non-specific with regards to physical therapy (PT) duration recommendations, but does state that 1-2 sessions of PT for education/instruction/counseling and evaluation of home exercises is recommended. The Official Disability Guidelines (ODG) recommends 10-12 sessions of PT for the cervical spine diagnosis and 3-9 for the wrist diagnoses. The CA MTUS recommends 9-10 sessions of PT for myalgia/myositis. Submitted documentation indicates that this patient has had completed 24, which is far in excess of guideline recommendations. Submitted reports do not indicate a recent flare/new injury and there are no clear clinical details that would justify re-initiation of skilled therapy versus doing a self-directed home exercise program at this juncture. Medical necessity of physical therapy two times per week for six weeks in treatment of the cervical spine/wrist is not established.