

<b>Case Number:</b>	CM14-0089794		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/24/1999
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 64 year old female with a work injury dated 11/24/99. The diagnoses include disc bulge, cervical spine; carpal tunnel syndrome, bilateral hands, with history of surgery; history of fusion, T 10 to sacrum and persisting pain, lumbar spine with left-sided sciatica .Under consideration is a request for physical therapy 3 x 4 for cervical spine and bilateral hands. There is a primary treating physician report dated 3/12/14 that states that the cervical spine has paraspinal tenderness to palpation. Spasm is noted about the bilateral trapezial areas. Forward flexion is 40, extension 20, rotation to the right and left 40, and lateral bending to the right and left 20 degrees. Pain is reproduced with motion, with shooting-type pain into the bilateral upper extremities. Bilateral hands have a well-healed surgical scar. Tenderness to palpation is present about the incision site. Decreased sensation is present at the bilateral hands. The treatment plan includes a request to see the surgeon who operated on her lumbar spine; physical therapy; and Demerol injection. Her work status is: unable to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for cervical spine and bilateral hands:** 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 Page(s): 98-99.

**Decision rationale:** Physical therapy 3 x 4 for cervical spine and bilateral hands is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The request exceeds this recommendation. Furthermore the documentation indicates that the patient has had prior therapy. Without evidence of how much therapy and the outcome additional therapy cannot be recommended.