

<b>Case Number:</b>	CM14-0192087		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	05/12/2008
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 53 year old female with a date of injury of 05/12/2008. She reported cumulative injuries working as a systems analyst typing on a keyboard and using a computer mouse. There was no documentation of a neck injury. She was treated with physical therapy and acupuncture. She last worked on 07/03/2013. On 01/20/2014 and on 02/19/2014 she had bilateral decreased grip strength. She had tenderness of the wrists and elbows. On 02/24/2014 the bilateral upper extremity EMG and NCS were normal. There was no evidence of cervical radiculopathy or carpal tunnel syndrome. On 07/23/2014 and on 10/08/2014 she had neck pain with bilateral elbow, wrist and hand pain. Spurling's test was positive. She had bilateral upper extremity weakness with decreased grip strength. There was tenderness to palpation of the paraspinal muscles and both trapezius muscles. The listed diagnoses included neck pain, cervical radiculopathy, anxiety, bilateral carpal tunnel syndrome vs ulnar neuropathy, status post De Quervain's surgery, depression and mayalgia. Medications were renewed. She was to continue her home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 (unspecified body part):** 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:** For any physical therapy to be approved as medically necessary, there must be a listed diagnosis and body part (example lumbar strain or left shoulder rotator cuff tear) since the maximum allowed therapy visits according to MTUS and ODG are based on the body part injured and the type of injury. This information was not provided. She already had physical therapy and instruction in a home exercise program. MTUS, chronic pain provides for a maximum of 8 - 10 physical therapy visits. There is no objective documentation that repeat courses of formal physical therapy is superior to a home exercise program at this point in time relative to the date of injury, her symptoms and the EMG/NCS finding. There was no evidence of cervical radiculopathy or carpal tunnel syndrome on the 02/2014 EMG/NCS. The request is not medically necessary.

**Acupuncture therapy 2 x 6 (unspecified body part):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** For any acupuncture to be approved as medically necessary, there must be a listed diagnosis and body part (example lumbar strain or left shoulder rotator cuff tear) since the maximum allowed acupuncture visits according to MTUS, ODG and acupuncture medical treatment guidelines are based on the body part injured and the type of injury. This patient was already treated with acupuncture and there is no documentation of any functional improvement. The number of acupuncture visits allowed is an initial 3 to 6 visits and for continued acupuncture visit there must objective documentation of functional improvement. There was no documentation of functional improvement from her previous acupuncture treatment and the number of visits requested exceeds the initial maximum allowed number of visits. The request is not medically necessary.

**Occupational therapy 2 x 6 (unspecified body part ):** 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 therapy visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** For any physical therapy to be approved as medically necessary, there must be a listed diagnosis and body part (example lumbar strain or left shoulder rotator cuff tear) since the maximum allowed therapy visits according to MTUS and ODG are based on the body part injured and the type of injury. This information was not provided. She already had physical therapy and instruction in a home exercise program. MTUS, chronic pain provides for a maximum of 8 - 10 physical therapy visits. There is no objective documentation that repeat

courses of formal physical therapy is superior to a home exercise program at this point in time relative to the date of injury, her symptoms and the EMG/NCS finding. There was no evidence of cervical radiculopathy or carpal tunnel syndrome on the 02/2014 EMG/NCS. Occupational therapy is a form of physical therapy and the requested number of visits already exceeded the maximum allowed for her symptoms and EMG/NCS findings. The request is not medically necessary.