

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0088771 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 02/28/2012 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 05/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 48 year old female with an industrial injury dated February 28, 2012. The injured worker diagnoses include cervical discopathy, left cubital tunnel syndrome, and cervicgia. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, consultation and periodic follow up visits. According to the progress note dated 4/8/14, the treating physician noted that the injured worker complained of constant neck pain radiating down to the left upper extremity and up to left side jaw and temple. There was associated tingling, numbness and headache. The injured worker also reported intermittent radiating pain from the left shoulder to the left hand and wrist with associated tingling and numbness. Physical exam of the cervical spine revealed muscle spasm, a positive loading compression test, generalized weakness and numbness. There was a positive Tinel's sign in the left cubital fossa with extension to the digits and numbness in the left ring finger. The treating physician prescribed physical therapy 2 x 6 for the cervical spine and physical therapy 2 x 6 for the left hand. Utilization Review determination on May 14, 2014 denied the request for physical therapy 2 x 6 for the cervical spine and physical therapy 2 x 6 for the left hand, citing MTUS Guidelines.

### 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 for the Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-10.

**Decision rationale:** The peer-reviewer opined that he recommended non-certification because there is "limited information of the total number of physical therapy visits to date" and that "with the extensive number of PT visits completed, the claimant is expected to be well-versed in a home exercise program to address ongoing deficits". According to MTUS guidelines physical therapy is recommended as it is helpful in controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries. However, the MTUS guidelines allow for a course of 8-10 visits over 4 weeks for Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2). The patient has already received this initial course and unfortunately there is no documentation to support renewal of an additional 12 sessions (ie. new injury , reexacerbation, new symptoms). According to the guidelines following the initial course of PT, "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices". Consequently based on the guidelines and my review of the provided records I believe the requested 12 sessions of physical therapy for cervical radiculopathy are not indicated at this time.

**Physical Therapy 2 x 6 for the Left Hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The peer-reviewer opined that he recommended non-certification because there is "limited information of the total number of physical therapy visits to date" and that "with the extensive number of PT visits completed, the claimant is expected to be well-versed in a home exercise program to address ongoing deficits". According to MTUS guidelines physical therapy is recommended as it is helpful in controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries. However, the MTUS guidelines allow for a course of 8-10 visits over 4 weeks for Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2). The patient has already received this initial course and unfortunately there is no documentation to support renewal of an additional 12 sessions (ie. new injury , reexacerbation, new symptoms). According to the guidelines following the initial course of PT, "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices". Consequently based on the guidelines and my review of the provided records I believe the

requested 12 sessions of physical therapy for "left hand " symptoms are not indicated at this time.