

<b>Case Number:</b>	CM15-0142601		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 50-year-old female who sustained an industrial injury on 12/19/13, due to repetitive work activities as an eligibility worker. Past medical history was positive for arthritis, carpal tunnel syndrome, hypertension, and sleep apnea. Past surgical history was positive for left hip replacement in July 2007. The 2/1/8/15 bilateral upper extremity electrodiagnostic study evidenced bilateral carpal tunnel syndrome, worse on the right. There was no evidence of cervical radiculopathy. The 2/18/15 cervical spine x-ray impression documented minimal retrosubluxation of C3 on C4, degenerative spondylosis of the cervical spine. There was multilevel narrowing that was mild at C4/5, mild to moderate at C5/6, C6/7, and C7/T1, and moderate at C3/4. The 2/18/15 right shoulder x-ray impression documented calcific tendinopathy of the rotator cuff and arthritic changes of the acromion. The 2/18/15 left shoulder x-rays documented moderate osteoarthritis of the acromion. The 6/4/15 treating physician report cited bilateral thumb pain radiating into the wrists. She also complained of pain in the neck, shoulders and upper extremities, back, hips, and lower extremities. Functional difficulties were noted with all work activities. Bilateral hand/wrist exam documented tenderness at the 1st dorsal compartment, right greater than left, symmetrical range of motion with mild loss of dorsiflexion, positive Phalen's bilaterally, positive carpal tunnel compression on the left, and positive bilateral Finkelstein's, right greater than left. Cervical spine exam documented bilateral paravertebral muscle and trapezius tenderness, restricted range of motion, symmetrical upper extremity reflexes, 5/5 upper extremity strength, and intact upper extremity sensation. Shoulder exam documented shoulder range of motion as (right/left) flexion 140/140,

abduction 130/140, internal rotation 20/25, external rotation 40/40, extension 30/30, and adduction 30/30 degrees. There were bilateral positive impingement signs and tenderness over tenderness over the bicipital groove. The diagnosis included cervical sprain with radicular symptoms, bilateral shoulder tendinitis, bilateral carpal tunnel syndrome, and bilateral deQuervain's tenosynovitis. The injured worker had failed conservative treatment for the right wrist including medications, splints, and physical therapy. She remained symptomatic regarding her neck and shoulder. She had not really had any treatment but these areas had been found work related by the recent medical examiner. Authorization was requested for right carpal tunnel and deQuervain's release, Relafen 750 mg #60, and physical therapy 6 sessions for the neck and shoulders. The 6/23/15 utilization review certified the requests for right carpal tunnel and deQuervain's release and Relafen. The request for physical therapy was non-certified as there were no specific objective exam findings to support the request, and there was no documentation of specific functional improvement from prior treatment or indication that the injured worker could not perform a home exercise program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Six (6) sessions of Physical Therapy, neck and shoulders:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, the MTUS guidelines would support up to 10 visits for myalgia and myositis, and neuralgia, neuritis, and radiculitis. Guideline criteria have been met. This injured worker presents with persistent and function-limiting neck and shoulder pain. Clinical exam findings documented restricted motion, muscle tenderness, and positive shoulder impingement signs. There is no prior history of physical therapy treatment or exercise instruction for the neck and shoulders; all care has been focused on the wrists/hands. This request for an 6 visits of physical therapy is consistent with guidelines for initiation of therapy and development of a home exercise program. Therefore, this request is medically necessary.