

<b>Case Number:</b>	CM15-0194355		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female with a date of injury on 1-27-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain and right and left carpal tunnel syndrome. Progress report dated 8-26-15 reports continued complaints of left hand, wrist and thumb pain rated 7 out of 10 with numbness, tingling and spasm. She also has right hand, wrist, thumb pain rated 7 out of 10 with numbness and tingling, spasm, weakness and a mass at the wrist/thumb. She has bilateral shoulder pain rated 9 out of 10 and neck pain rated 9 out of 10. She continues to have symptoms of depression, anxiety and difficulty sleeping along with headaches. Objective findings: she has an antalgic gait and walks with a cane, tenderness along the left thumb basal joint and there is mild triggering of the left thumb. Treatments include: medication, physical therapy and bilateral carpal tunnel release. Request for authorization dated 8-27-15 was made for physical therapy 3 times per week for 6 weeks 18 visits for the cervical spine. Utilization review dated 9-9-15 modified the request to certify 8 visits of physical therapy to the cervical spine 2 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x a week for 6 weeks for the cervical spine (18): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Review indicates the request for PT of 18 sessions was modified for 8 visits. Submitted reports have no acute flare-up or specific physical limitations to support for physical/occupational therapy. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no new injury or specific neurological deficit progression to support for physical therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment for this January 2012 injury. The Physical therapy 3x a week for 6 weeks for the cervical spine (18) is not medically necessary and appropriate.