

<b>Case Number:</b>	CM15-0029231		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, Pain Management

### 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 47 year old female, who sustained an industrial injury on February 5, 2013. The injured worker had reported neck and bilateral arm pain. The diagnoses have included right thoracic outlet syndrome, cervical spondylosis, cervical degenerative disc disease and bilateral carpal tunnel syndrome. Treatment to date has included pain medication, physical therapy and a right carpal tunnel injection. The right carpal tunnel injection was noted to be helpful for her symptoms. Current documentation dated January 19, 2015 notes that the injured worker complained of neck pain and bilateral thumb pain. Examination of the wrists revealed normal range of motion and thenar weakness bilaterally. Swelling was noted along the right thumb basilar joint. A carpal tunnel compression test and a Phalen's test produced numbness after thirty seconds. The injured worker received a right thumb injection of Lidocaine and Celestone. Physical therapy was recommended for her neck and thoracic outlet syndrome. Notes indicate that the patient has undergone 24 sessions of therapy. On February 13, 2015 Utilization Review non-certified a request for physical therapy two times a week for four weeks to the neck. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks for the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Neck & Upper Back Procedure Summary (updated 11/18/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific sustained objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.