

<b>Case Number:</b>	CM14-0006219		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 41-year-old female who reported an injury on 10/16/2102 secondary to repetitive movements. The clinical note dated 10/03/2013 reported the injured worker complained of pain and stiffness in her posterior neck which includes tingling to the forearm and extends into the hand involving the thumb, index, and middle fingers bilaterally. The physical examination revealed the injured worker had reduced range of motion of her cervical spine, most marked in extension and left lateral rotation. She had bilaterally positive Phalen's test, indicative of carpal tunnel syndrome, more pronounced on the left. She also had a positive Tinel's sign over the left ulnar nerve at the elbow, but no symptoms or findings indicative of an ulnar neuropathy. The diagnoses included bilaterally carpal tunnel syndrome and cervical spondylosis. The clinical note dated 11/20/2013 reported the injured worker had completed 8 sessions of physical therapy treatments, which included manual cervical traction. It was noted the injured worker was treated with acetaminophen 500 mg. The request for authorization was submitted on 11/27/2013. A clear rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) SESSIONS OF PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8, NECK AND UPPER BACK COMPLAINTS,

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

**Decision rationale:** The request for 8 sessions of physical therapy is non-certified. The injured worker has a history of chronic neck pain with radiating tingling to her upper extremities treated with physical therapy and acetaminophen. According to the CA MTUS guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at 9-10 visits over 8 weeks in order to promote functional improvement. Within the clinical information provided for review, there is evidence the injured worker has participated in approximately 8 sessions of physical therapy. However, it was unclear if the injured worker made significant objective functional gains during therapy. In addition, the request for 8 additional sessions of physical therapy exceeds the recommended 9 to 10 visits over 8 weeks to promote functional improvement. In addition, the request failed to provide the site for therapy. Therefore, the request for 8 sessions of physical therapy is non-certified.

**HOME TRACTION DEVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8, NECK AND UPPER BACK COMPLAINTS,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The request for a home traction device is non-certified. The injured worker has a history of chronic neck pain with radiating tingling to her lower extremities, treated with physical therapy and acetaminophen. The California MTUS/ACOEM Guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction and may be used on a trial basis but should be monitored closely with an emphasis focusing on functional restoration. Within the clinical information provided for review, there is a lack of documentation the injured worker is participating in a home exercise program, which is recommended with a home traction device. Therefore, the request for a home traction device is not medically necessary and appropriate.