

<b>Case Number:</b>	CM14-0147351		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 52-year-old male, who reported injury on 02/23/2013; reportedly, while working for the [REDACTED] as a probation officer, he sustained injuries involving his head, neck, left shoulder, lower back, and ankle. The injured worker's treatment history included surgery, medications, EKGs, lab work, physical therapy, and pain medications. The injured worker was evaluated on 07/24/2014, and it was documented the injured worker complained of constant pain in the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain was categorized as sharp. There was radiation of pain into the upper extremities with associated tingling and numbness. There were associated headaches, migrainous in nature, as well as tension between the shoulder blades. The pain was 8/10 on a pain scale. There was constant pain in the bilateral wrist that was aggravated by repetitive motions, gripping, grasping, pushing, pulling, and lifting. The pain was categorized as throbbing. Pain was 8/10 on a pain scale. There was constant pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain was categorized as sharp. There was radiation of pain into the lower extremities. The pain was 8/10 on a pain scale. Physical examination of the cervical spine revealed there was palpable paravertebral muscle tenderness with spasms. A positive axial loading compression test was noted. Spurling's maneuver was positive. There was reproducible symptomatology in the upper extremities, consistent with double crush syndrome. Range of motion was limited with pain. There was tingling and numbness in the lateral forearm and hand, greatest over the thumb, and in the middle finger, which correlates with a C6-7 dermatomal pattern. There was 4/5 strength in the wrist extensors and flexors, biceps, triceps, finger extensors, and C6-7 innervated muscles. Physical examination of the wrists/hands revealed there was tenderness over the volar aspect of

the wrist. There was a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign was positive over the carpal canal. Range of motion was full, but painful. There was diminished sensation in the radial digits. Physical examination of the lumbar spine revealed there was tenderness in the mid to distal lumbar segments. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was tingling and numbness in the posterior leg and lateral foot, which was in an S1 dermatomal pattern. There was 4/5 strength in the ankle plantar flexors, an S1 innervated muscle. Diagnoses included cervical/lumbar discopathy, carpal tunnel/double crush syndrome, and cervicgia. Request for Authorization was not submitted for this review.

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

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

**Physical therapy; 12 sessions (2 x 6), cervical spine, lumbar spine and wrists:** Upheld

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

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

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker was received physical therapy however, outcome measures were not submitted for review. The documentation submitted indicated the injured worker has had prior physical therapy sessions, however, the provider failed to indicate the injured worker's long term functional goals. As such, the request for physical therapy; 12 sessions (2 x 6), cervical spine, lumbar spine and wrists is not medically necessary.