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| <b>Case Number:</b>   | CM14-0162688 |                              |            |
| <b>Date Assigned:</b> | 10/07/2014   | <b>Date of Injury:</b>       | 07/14/2014 |
| <b>Decision Date:</b> | 11/07/2014   | <b>UR Denial Date:</b>       | 09/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2014 |

### 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 53-year-old male with a reported date of injury on 07/14/2014. The mechanism of injury was noted to be cumulative trauma. His diagnoses were noted to include cervicalgia, cervical spine sprain/strain, degenerative cervical spine disc disease, radiculopathy C5-6 to the left upper extremity, bilateral shoulder tendinitis, right tennis elbow with extensor tendinitis, right wrist De Quervain's, left wrist tendinitis, thoracolumbar spine sprain/strain, myofascitis, right knee internal derangement, left knee internal derangement, and sleep difficulties. His previous treatments were noted to include physical therapy, splints, and medications. The progress note dated 08/11/2014 revealed the injured worker had had at least 6 sessions of physical therapy which provided temporary benefit. The injured worker complained of headaches, pain and stiffness to the neck, intermittent stiffness and soreness to the right shoulder, pain and stiffness to the left shoulder, sharp pain to the right wrist with stiffness and popping, upper and low back pain that radiated to the bilateral buttock region, and bilateral knee pain. The physical examination of the neck and upper extremities revealed the cervical spine showed tenderness and pain of the para-axial musculature. There was pain consistent with C5-6 radiculopathy. The pain went in between the shoulder blades and scapular area. The range of motion was noted to be right/left rotation of the neck was 40 degrees, extension was to 20 degrees, and flexion was to 20 degrees. The abduction and elevation of the bilateral shoulders was noted to be 170 degrees with pain. The examination of the right elbow revealed intact range of motion. There was tenderness and pain about the wrist area by the 1st compartment on the right wrist, and the range of motion was intact. The range of motion to the lumbar spine revealed flexion was to 50 degrees, extension was to 20 degrees, and right and left lateral bending was to 20 degrees. The progress note dated 09/22/2014 revealed complaints of right wrist tenderness, on/off headaches and neck pain, on/off bilateral shoulder pain, and upper and lower back and

bilateral knee pain. The physical examination revealed tenderness and pain of the para-axial musculature, pain with C5-6 radiculopathy, and pain in between shoulder blades and up to the scapular area. There was limited range of motion with pain. The right elbow revealed tenderness and pain about the extensor tendon and the lateral epicondyle. There was right wrist tenderness and pain about the 1st compartment with pain to the ulnar deviation and pain to the forceful grasping. The lumbar spine was noted to have slight tenderness and pain of the para-axial musculature and pain with range of motion. The Request for Authorization form was not submitted within the medical records. The request was for 2 sessions of physical therapy to the bilateral upper extremities, cervical and lumbar spine for continuous trauma treatment.

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

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

#### **2 Sessions of Physical Therapy to the Bilateral Upper Extremities, Cervical and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for 2 Sessions of Physical Therapy to the Bilateral Upper Extremities, Cervical and Lumbar Spine is not medically necessary. The injured worker has participated in previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines recommend, for myalgia and myositis, 9 visits to 10 visits over 8 weeks. There is a lack of documentation regarding quantifiable functional improvements with previous physical therapy sessions. Therefore, the request is not medically necessary.