

<b>Case Number:</b>	CM14-0183884		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Family Medicine and is licensed to practice in New York. 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:

Injured worker sustained an injury secondary to cumulative trauma while working as a massage therapist for a rehab center 17Aug/09 to 27Jun11. Date of injury listed as 17Aug09. Reported experiencing neck pain at work in addition to L shoulder, forearm and wrist/hands discomfort she attributed to work duties. She continued to work and problems extended to the low back as well. Along with shoulder complaints a comprehensive report 23Apr12 by an orthopedist found the following: complaints of neck pain, constant aching, will vary in intensity, periods of numbness and tingling into the arms and hands, frequent headaches, neck stiffness, worse with prolonged sitting and driving, difficulty sleeping, awakens with pain. Pain meds offer temporary relief. Spasm and tenderness noted over the cervical paravertebral musculature but no noted decrease in ROM. Meds included Naproxen and Tramadol (dose, freq unkn). Dx as cervical radiculopathy. MRI of L Shoulder 12Feb12 showed minimal degenerative changes. C-spine MRI accomplished 5Jul12 and EMG accomplished to R/O cervical radiculopathy 18Jul12. Reported symptoms at that time were neck pain radiating to both hands, numbness in both hands, weakness in the L hand, with bilateral shoulder and wrist pain. EMG reported mild to moderate bilateral carpal tunnel and no indicators for cervical radiculopathy. C-spine MRI reported as WNL. The following were the listed diagnoses from a PTP visit 23May14: Status post L carpal tunnel release, R carpal tunnel syndrome, R DeQuervain's Syndrome, Bilateral Lateral Epicondylitis, Lumbar spine discopathy, Lumbar spine radiculitis, Shoulder impingement. The item in contention is the Non-Certification for PT 2 X 3 (C-spine and L shoulder).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 3 weeks: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 58, 98-99.

**Decision rationale:** A review of available medical records found the following: 23May14 PTP did not list any cervical complaints. Focus was on the shoulder, elbows and low back. The next visit 27Aug14 indicated a presentation with neck pain with symptoms radiating down the L arm but the main complaint was listed as still being the L shoulder. The only reference to the neck at this visit included a positive Spurling's test on the L and positive Shoulder depression on the L. Dx was a possible cervical discopathy/radiculitis. A request for an MRI of the C-spine was made at this visit. The next visit 8Oct14 was in follow-up of the neck pain. The worker noted increased pain going down the L arm rating it as 8-9/10. The Dx remained the same and the request for the MRI repeated but added to this was a request for PT 2 X 3 for the cervical spine and L shoulder. The UR focused on the details related to the 27Aug14 visit and the L shoulder as the primary complaint. Of note the PT request was not made until the 8Oct 14 visit and clearly requested authorization for a short course of PT for the cervical spine and L shoulder 2 X 3. The non-certification was focused on the persistence and lack of progress with the shoulder and failure to document the results of the prior shoulder PT. The 8Oct14 notes clearly indicated that there was an increase in neck pain, as compared to the prior visit 27Aug14, and that it was now radiating into the L arm and was significant at the 8-9 out of 10 level on the analogue scale. Per the MTUS, manual therapy can be recommended for chronic pain caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement. Time to produce an effect can be 4 to 6 treatments. In the case of neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks fit recommended guidelines. Additionally for any significant flare in an existing chronic problem a return to PT is warranted. The MRI for the L shoulder and C-spine from 2012 were benign. The case could be made that the problems were primarily musculoskeletal concerns, but even if there was a new cervical radiculopathy PT could be entertained. Recommendation reversed the UR decision and Certifying the request for PT 2 times per week for 3 weeks treating the C-spine and L shoulder. Therefore this request is medically necessary.