

<b>Case Number:</b>	CM15-0004683		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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

### 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 65 year old female who sustained an industrial injury on 3/14/12. The injured worker reported symptoms in the neck and right wrist. The diagnoses included cervical myofascial strain, foraminal stenosis, headaches, superimposed degenerative disc disease, degenerative joint disease, cervical myofascial pain, and carpal tunnel syndrome, bilaterally. Treatments to date have included steroid injection of the left thumb on 1/9/14, right carpal tunnel release on 1/9/14, wrist immobilizing splints, and physical therapy. PR2 dated 12/11/14 noted the injured worker presents with "a crunching sensation in her neck during movement, resolved with physical therapy", the treating physician is requesting 12 sessions of Physical Therapy/Physiotherapy/Mobilization for cervical spine. On 12/18/14, Utilization Review non-certified a request for 12 sessions of Physical Therapy/Physiotherapy/Mobilization for cervical spine. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy/Physiotherapy/Mobilization for cervical spine:** 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 patient presents with pain and weakness in her neck and both of her arms. The patient is s/p right carpal tunnel release on 01/09/14. The request is for 12 SESSIONS OF PHYSICAL THERAPY/ PHYSIOTHERAPY/ MOBILIZATION FOR THE CERVICAL SPINE. The utilization review letter on 12/18/14 indicates that the patient has had physical therapy without significant improvement. In this case, prior treatment appears to have failed and there is no explanation as to what can be accomplished with additional therapy. There is no discussion regarding the patient's home exercise program and why the patient is unable to do the necessary home exercises. The treater does not indicate the amount of therapy the patient has had recently either. Furthermore, the requested 12 sessions for non-post-op therapy treatments exceed what is allowed per MTUS for this kind of condition. The request IS NOT medically necessary.