

<b>Case Number:</b>	CM15-0111576		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/22/2005
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Family Practice

### 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 34 year old female who sustained a work related injury February 22, 2005, with an onset of left wrist and hand pain, diagnosed as carpal tunnel syndrome. She received occupational and physical therapy treatment. Past history included Chiari malformation 2006, suboccipital laminectomy 2008 and repair of CSF(cerebral spinal fluid) leak in April, 2008. According to an initial neurology consultation, performed May 19, 2015, the injured worker presented with complaints of waking with a minimal headache but within two hours it increases. She has associated dizziness, blurred vision, more left sided pains in her shoulder and neck. She has been followed by a cardiologist for episodic bradycardia and has developed generalized twitching in various parts of the body intermittently and is followed by a movement disorders physician. Diagnoses are Arnold-Chiari malformation; chronic migraine; cervicalgia; myofascial pain; muscle fasciculation. At issue, is the request for authorization for an EMG, physical therapy, and retrospective Vitamin D1 dihydroxy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for myofascial release of trapezius and SCM muscles, 3 times per week for 8 weeks:** Upheld

**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 Physical medicine Page(s): 98-99.

**Decision rationale:** This patient receives treatment for chronic L upper extremity pain with a diagnosis of carpal tunnel syndrome. The patient had corrective surgery for Arnold Chiari formation in 2006. The patient has chronic daily headaches and has migraine headaches. The patient reports muscle twitching and myalgic pain involving the back. There is a work-related industrial injury dated 02/22/2005. This review addresses a request for PT of the trapezius and SCM muscles. Physical therapy is considered passive treatment. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. Physical therapy sessions are not medically necessary.

**EMG for further assessment of muscle fasciculation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient receives treatment for chronic L upper extremity pain with a diagnosis of carpal tunnel syndrome. The patient had corrective surgery for Arnold Chiari formation in 2006. The patient has chronic daily headaches and has migraine headaches. The patient reports muscle twitching and myalgic pain involving the back. There is a work-related industrial injury dated 02/22/2005. This review addresses a request for an EMG for further assessment of muscle fasciculations. There is documentation of an EMG performed on 03/11/2015, which was normal. The physician's diagnosis was benign fasciculations. There were no complaints of radicular pain symptoms, no radicular findings on physical exam, and there was no segmental distribution to the fasciculations. An EMG was not medically necessary.

**Retrospective Vitamin D1, 25 Dihydroxy with a dos of 5/19/2015:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vitamin D deficiency by Mark Dretzner, MD, in UpToDate.com.

**Decision rationale:** This patient receives treatment for chronic L upper extremity pain with a diagnosis of carpal tunnel syndrome. The patient had corrective surgery for Arnold Chiari formation in 2006. The patient has chronic daily headaches and has migraine headaches. The patient reports muscle twitching and myalgic pain involving the back. There is a work-related industrial injury dated 02/22/2005. This review addresses a request for a Vitamin D1, 25 dihydroxy test, retrospective. The vitamin D blood test may be medically indicated to evaluate cases of problems of serum calcium regulation, suspected cases of rickets, or osteomalacia. The documentation does not make clear what the indication is for this test. This blood test is not medically necessary.