

<b>Case Number:</b>	CM15-0061245		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 50 year old female, who sustained an industrial injury on August 22, 2012. She reported pulling a box over shoulder level and she felt a sharp pain and popping sensation in her left shoulder that radiated towards her neck. The injured worker was diagnosed as having cervical sprain/strain/ thoracic spine sprain/strain, displacement of cervical intervertebral disc without myelopathy, aftercare surgery of the musculoskeletal system, and bilateral carpal tunnel syndrome. Treatment to date has included x-rays, MRI, electromyography (EMG)/nerve conduction study (NCS), cervical epidural steroid injections (ESIs), left carpal tunnel release August 20, 2014, right carpal tunnel release December 18, 2014, physical therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of left sided neck/upper back pain, with some pain and ongoing weakness in the right hand. The Primary Treating Physician's report dated February 18, 2015, noted the injured worker had been authorized for six postsurgical physical therapy visits, and that authorization should have been for at least twelve, and more appropriately eighteen visits. Physical examination was noted to show significant tenderness to palpation overlying the left cervical/thoracic junction with ongoing spasms, and trigger point phenomenon with a twitch response elicited and referred pain. The injured worker received a left cervical/thoracic trigger point injection. The treatment plan was noted to include a request for six additional physical therapy visits.

### 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 for the bilateral wrists and neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Education, Physical Medicine Guidelines Page(s): 44.

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

**Decision rationale:** Guidelines do not recommend additional PT if no further benefit is likely to be obtained. In this case, the patient had therapy in the past and there is no documentation provided of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits. The request for physical therapy 2 x 4 week for the bilateral wrists and neck is not medically appropriate and necessary.