

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0099342 |                              |            |
| <b>Date Assigned:</b> | 06/02/2015   | <b>Date of Injury:</b>       | 02/15/2004 |
| <b>Decision Date:</b> | 07/08/2015   | <b>UR Denial Date:</b>       | 05/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 72-year-old male, who sustained an industrial injury on 2/15/2004. He reported prolonged period of repetitive motion of the hands and fingers causing injury to the cervical spine and bilateral wrists. Diagnoses include cervical spine radiculitis with myofascitis, rule out cervical spine disc injury, bilateral carpal tunnel release; status post bilateral carpal tunnel release. Treatments to date include activity modification physiotherapy, and TENS unit. Currently, he complained of ongoing neck and upper back pain with muscle spasms. He also complained of ongoing bilateral arm pain, left greater than right associated with numbness, tingling and weakness. On 3/19/15, the physical examination documented tenderness and muscle spasms noted to cervical spine and trapezius muscles. There was severe atrophy to the left upper extremity and weakness with decreased reflexes. The plan of care included eight physical therapy sessions for bilateral hand therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 sessions to bilateral hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 2004. Treatments have included bilateral carpal tunnel release surgeries. When seen, there was cervical spine tenderness with muscle spasms. He had decreased left upper extremity strength and reflexes. There was left upper extremity atrophy. Additional testing and physical therapy were requested. The claimant is being treated for chronic pain. There is no new injury, although his diagnosis is unclear assistive device additional testing is being requested. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is not medically necessary.