

<b>Case Number:</b>	CM13-0020504		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	08/07/2009
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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:

The patient is a 52-year-old female who reported an injury on 08/07/2009. The patient reportedly sustained her injury when she fell forward onto her left knee and then onto her back after catching her foot in a crack in the concrete. The supplemental report dated 01/16/2013 stated in 12/2010, the patient underwent an EMG of the upper extremities and an MRI of the lumbar spine; however, there was no documentation reporting outcomes from either of those imaging studies. The patient subsequently went under another MRI in 01/2012 which revealed multiple level disc protrusions with foraminal stenosis bilaterally; L2 through 5 showed a 7 mm disc bulge with bilateral foraminal narrowing at L5-S1 with significant bilateral neural foraminal narrowing compressing the existing nerve roots. The patient was diagnosed as having lumbar disc herniations, lumbar radiculopathy, right hand extensive tendinosis, and bilateral knee sprain/strain. As of 06/14/2012, the patient was seeing a chiropractor and continued to use oral medications. She also underwent an epidural steroid injection to the lumbar spine. On the documentation dated 08/08/2013, it was noted that part of the patient's treatment plan was to continue with her physical therapy at 2 times a week for 4 to 6 weeks which indicated the patient has also been participating in physical therapy. The physician is now requesting additional therapy for bilateral forearms and hands 2 times a week for 4 to 6 weeks

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for bilateral forearms and hands two (2) times a week for four (4) to six (6) weeks: Upheld**

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

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

**Decision rationale:** Under the California MTUS Guidelines, for active therapy, a patient is allowed 9 to 10 visits over 8 weeks for myalgia and myositis, unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. It further states that if a patient has been diagnosed as having reflex sympathetic dystrophy, they are allowed 24 visits over 16 weeks. Physical medicine is also allowed for a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. With the documentation indicating the patient has already gone through some physical therapy sessions, it is unclear if additional physical therapy would exceed the maximum allowance for her present diagnosis. Furthermore, the documentation presented for review does not indicate that current physical therapy sessions have had any efficacy on the patient's pain reduction. As such, the requested service does not meet guideline criteria at this time and is non-certified