

<b>Case Number:</b>	CM13-0059953		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

According to the records made available for review, this is a 56-year-old male with an 8/22/13 date of injury. At the time of the request for authorization for chiropractic/physiotherapy three times a week for four weeks for the thoracic spine, both wrists, and the left knee, there is documentation of subjective findings of bilateral wrist, thoracic spine, and bilateral knee pain and objective findings of positive Tinel's and Phalen's bilaterally. The current diagnoses are bilateral wrist carpal tunnel syndrome, thoracic sprain/strain, and left knee osteoarthritis. The treatments to date include medications. There is no documentation of objective functional deficits and functional goals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC/PHYSIOTHERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE THORACIC SPINE, BOTH WRISTS, AND THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic (Acute & Chronic), Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Low Back, and Knee & Leg Chapter, Physical therapy.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with a diagnosis of carpal tunnel syndrome not to exceed 3 visits over 3-5 weeks, 10 visits over 5 weeks for sprains and strains of the thoracic spine, and 9 visits over 8 weeks for arthritis of the knee. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist carpal tunnel syndrome, thoracic spine sprain/strain, and left knee (illegible) osteoarthritis. However, despite documentation of subjective (bilateral wrist, thoracic spine, and bilateral knee pain) and objective (positive Tinel's and Phalen's bilaterally) findings, and given no additional clear and legible objective findings (given that the medical report provided for review is largely illegible due to being handwritten and reproduced), there is no (clear) documentation of objective functional deficits and functional goals for the thoracic spine and left knee. In addition, the requested chiropractic/physiotherapy three times a week for four weeks for the thoracic spine, both wrists, and the left knee exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for chiropractic/physiotherapy three times a week for four weeks for the thoracic spine, both wrists, and the left knee is not medically necessary.