

<b>Case Number:</b>	CM13-0064192		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Internal Medicine, 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 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 33-year-old female who reported an injury on 11/07/2011 due to lifting boxes that reportedly caused injury to multiple body parts to include the right wrist, right fingers, right elbow, right shoulder, cervical spine, and low back. The patient's treatment history included physical therapy, chiropractic care, medications, and acupuncture. The patient's most recent clinical documentation noted that the patient had decreased range of motion due to pain of the lumbar spine and decreased range of motion of the right elbow and wrist secondary to pain. The patient's diagnoses included cervical radiculopathy, cervical sprain/strain, thoracic sprain/strain, lumbar radiculopathy, lumbar sprain/strain, right shoulder impingement, right shoulder sprain/strain, right cubital tunnel syndrome, right elbow sprain/strain, right carpal tunnel syndrome, right wrist sprain/strain, and sleep disturbance. A request was made for physical therapy and a PRP injection for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The requested physical therapy twice a week for 4 weeks is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the patient previously participated in physical therapy and should be well-versed in a home exercise program. There is no documentation that the patient is currently participating in a home exercise program. Therefore, 1 to 2 visits would be appropriate to re-educate and re-establish a home exercise program for this patient. However, the requested twice a week for 4 weeks would be considered excessive. As such, the requested physical therapy twice a week for 4 weeks is not medically necessary or appropriate.

**PRP injection for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Low Back Chapter, Platelet-rich plasma (PRP)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Platelet-rich plasma (PRP)

**Decision rationale:** The requested platelet-rich plasma injection for the lumbar spine is not medically necessary or appropriate. The Official Disability Guidelines do not recommend the use of this type of injection of the lumbar spine, as there is no scientific evidence to support the efficacy and safety of this treatment. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested platelet-rich plasma injection is not medically necessary or appropriate for the lumbar spine.