

<b>Case Number:</b>	CM14-0103888		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/27/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Orthopedic Surgery 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:

This is a 66 year old female with a 4/27/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/19/14 noted subjective complaints of bilateral wrist/hand pain, bilateral elbow pain, bilateral shoulder pain, mid-low back pain, neck pain, and bilateral knee pain. The patient reports never having had physical therapy previously. Objective findings included bilateral wrist, elbow, shoulder, lumbar and knee tenderness. Diagnostic Impression: lumbar strain, epicondylitis of elbow, tenosynovitis of hand and wrist, rotator cuff syndrome. Treatment to date includes medication management. A UR decision dated 6/6/14 modified the request for x-ray cervical spine, lumbar spine, bilateral knees, bilateral wrists/hands, certifying cervical spine and bilateral knee x-rays. Regarding chronic lumbar pain, lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags, even if the pain has persisted for at least 6 weeks. Regarding chronic wrist/hand pain, the claimant has undergone extensive previous diagnostic testing and treatment of the wrists/hands to date. Without documentation of a significant change in status of the wrist/hand symptoms, the medical necessity of radiographs of the wrist/hand is not evident. It also modified the request for 12 visits of physical therapy for cervical spine, lumbar spine, bilateral knees, bilateral shoulders, bilateral elbow, and bilateral wrist/hands, certifying 9 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray Cervical Spine, Lumbar Spine, Bilateral Knees, Bilateral Wrists/Hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 303, 336. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck & Upper Back, Low Back, Knee & Leg Procedures

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Low Back Chapter, Knee Chapter, Hand/Wrist Chapter

**Decision rationale:** MTUS and Official Disability Guidelines support the use of plain radiographs for the evaluation of chronic neck pain in patient's older than 40. MTUS and Official Disability Guidelines support the use of radiographs in the evaluation of non-traumatic adult knee pain. Official Disability Guidelines supports the use of plain films for chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. However, Official Disability Guidelines does not recommend lumbar x-rays in the absence of red flags, even if the pain has persisted for at least 6 weeks. With an original injury of 2007 and no concerning signs for serious spinal pathology, it is unclear how radiography would be of benefit. Therefore, the request for x-ray cervical spine, lumbar spine, bilateral knees, and bilateral wrists/hands is not medically necessary.

**Physical Therapy for 12 Visits for Cervical Spine, Lumbar Spine, Bi-lateral Knees, Bilateral Shoulders, Bilateral Elbows, Bilateral Wrists/Hands:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Knee, Low Back, Elbow, Hand/Wrist Chapters, and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 114

**Decision rationale:** The California MTUS supports an initial course of physical therapy with objective functional deficits and functional goals. MTUS does not specifically address the amount, duration or frequency of physical therapy. Official Disability Guidelines recommends up to 10 visits over 12 weeks for the conditions such as lumbar strain and epicondylitis, for which the patient carries a diagnosis. The requested 12 visits exceed the initial guideline recommendations. Therefore, the request for physical therapy for 12 visits for cervical spine, lumbar spine, bilateral knees, bilateral shoulders, bilateral elbows, and bilateral wrists/hands is not medically necessary.