

<b>Case Number:</b>	CM14-0165185		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational 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 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:

The injured worker is a 55 year old female with a date of injury on 9/24/2010. As per the 9/11/14 report, she complained of constant moderate to severe C-spine, L-spine and left knee pain. Exam revealed tenderness to palpation of the C-spine. There were decreased and painful range of motion (ROM) of the C-spine, L-spine, bilateral wrists, and left knee with +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii, lumbar paravertebral muscles, dorsal wrist and volar wrist bilaterally, and the left anterior knee. L-spine magnetic resonance imaging (MRI) dated 9/28/14 revealed mild disc height loss, 1-2 mm diffuse disc bulge, mild facet arthropathy at L3-4; mild disc height loss with a 2-3 mm diffuse disc bulge, mild to moderately stenotic spinal canal secondary to posterior epidural fat, mildly stenotic right neural foramen with mild facet arthropathy at L4-5; and a 2 mm broad-based disc protrusion at L5-S1 with all findings unchanged compared to prior magnetic resonance imaging (MRI) dated 9/20/13. C-spine magnetic resonance imaging (MRI) dated 9/28/14 revealed no significant interval change allowing for differences in technique compared to the prior c-spine magnetic resonance imaging (MRI) dated 9/26/13 re-demonstrating mild to moderate multilevel degenerative changes of the C-spine. A urine drug screen (UDS) dated 3/25/14 was negative. She had left knee surgery in 2008. It is not clear as to what medications she is on currently but Tramadol, Soma, Protonix, Terocin patches, aspirin, Atenolol, Albuterol, and Ventolin inhaler were prescribed previously. She was recently started on acupuncture on 7/21/14 for 6 visits. She had physical therapy (PT) in the past. She had pain management evaluations on 3/13/14, 6/4/14 and 5/7/14. Diagnoses include cervical sprain/strain, lumbar sprain/strain, bilateral wrist sprain/strain, history of nonindustrial fracture to the wrists, rule out wrist internal derangement, left knee sprain/strain, status post-surgery left knee, rule out left knee internal derangement, and sleep loss secondary to pain and psych component. The request for physical therapy 2-3 times for

4-6 weeks for bilateral wrists, low back area, neck, and left knee, pain management re-evaluation, and physical therapy follow up were denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy 2-3 weeks for 4-6 weeks - bilateral wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

**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, and Hand, Physical/ Occupational therapy

**Decision rationale:** As per California Medical Treatment Utilization Schedule (MTUS) guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines (ODG) allows 9 visits over 8 weeks for hand/wrist pain and sprain/strain, and also 3-8 visits over 3-5 weeks post-surgical carpal tunnel syndrome. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the injured worker utilizing a home exercise program (HEP) (At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Moreover, request for additional physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

#### **Physical therapy 2-3 weeks for 4-6 weeks - low back area: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

**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) Low back chapter, Physical therapy

**Decision rationale:** As per California Medical Treatment Utilization Schedule guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines (ODG) recommends 9 visits over 8 weeks intervertebral disc disorders without myelopathy. In this case, the injured worker has already received unknown number of physical therapy visits in the past; however, there is little to

no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this treatment in this injured worker. There is no evidence of presentation of any new injury / surgical intervention to warrant physical therapy. Furthermore, there is no mention of the injured worker utilizing a home exercise program (HEP) (At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Moreover, additional physical therapy (PT) visits would exceed the guidelines criteria. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

**Physical therapy 2-3 weeks for 4-6 weeks-neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

**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) Neck and Upper Back Chapter, Physical therapy

**Decision rationale:** As per the California Medical Treatment Utilization Schedule guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines (ODG) recommends 9 visits over 8 weeks intervertebral disc disorders without myelopathy. In this case, the injured worker has previously already received unknown number of physical therapy visits. However, there are no records of prior therapy progress notes and there is no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of this treatment. There is no evidence of presentation of any new injury / surgical intervention. Furthermore, there is no mention of the injured worker utilizing a home exercise program (HEP) (At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Moreover, additional physical therapy (PT) visits would exceed the guidelines criteria. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

**Physical therapy 2-3 weeks for 4-6 weeks - left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

**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) Knee and Leg Chapter, Physical therapy

**Decision rationale:** As per California Medical Treatment Utilization Schedule guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are

beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the Official Disability Guidelines (ODG), Physical therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis, pain or derangement of meniscus and 12 visits over 12 weeks for post-surgical physical therapy (PT). In this case, there is no record of prior physical therapy (PT) progress notes and there is no documentation of any improvement in the objective measurements (i.e. pain, range of motion [ROM], strength) in order to support any indication of more physical therapy (PT) visits. There is no evidence of presentation of any new injury / surgical intervention. Nonetheless, there is no mention of the injured worker utilizing a home exercise program (HEP) (At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Moreover, additional physical therapy (PT) visits would exceed the guidelines criteria. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

**Pain management re-evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7; Examination of the body

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent medical examination and consultation, page(s) 153-164

**Decision rationale:** As per the American College of Occupational and Environmental Medicine (ACOEM) guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the specific reason for such referral has not been specified. There is no indication of a need for any intervention. Furthermore, there is no documentation of a detailed re-assessment by the treating physician with an attempt to treat the problem. Therefore, the medical necessity of the requested services cannot be established at this time.

**Physical therapy follow up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

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

**Decision rationale:** As per California Medical Treatment Utilization Schedule guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the request is vague and there is no mention of any specific

reason for the follow up. There is no evidence of presentation of any new injury / surgical intervention to warrant any need for physical therapy. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.