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| <b>Case Number:</b>   | CM14-0171356 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 10/26/1992 |
| <b>Decision Date:</b> | 11/21/2014   | <b>UR Denial Date:</b>       | 09/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2014 |

### 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 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:

The injured worker is a 46 year old right hand dominant female with a date of injury on 10/26/1992. Per most recent documents dated 9/19/2014, the injured worker was documented to be last seen on 3/2014 stating that her back pain has worsened and she has had some mild depression. Records indicate that she has done with noted ongoing improvement. She continued to have right shoulder pain going to the wrist with numbness and tingling sensation in the arm. She presented complaints of constant right-sided aching neck, arm, and wrist pain, focused primarily in the wrist. About 80% of her pain was in the wrist rather than neck or arm. She reported tingling in both wrists, right greater than left. Her pain was worsened by activity. She also reported increasing tingling in the right hand, all five fingers. She also has left hand pain from using the left to compensate for right hand complaints. She reported a several year history of right shoulder, going to the wrist. She stated that this has been worsening over the past year. She rated her wrist pain at 7/10. She also reported increasing low back extending from her upper lumbar region to the lumbosacral junction. She stated the pain rarely go to the coccyx. She also stated that since about July 2013, she has been unable to sleep due to pain. On examination, facet processes were tender on the left. The middle trapezius and rhomboid trigger areas were tender bilaterally, along with the right splenius capitis. Shoulders, elbows, and wrists showed full range of motion however she has right hand tremoring with end range of motion with flexion and abduction. Muscle strength was 4/5 at the extensors and flexors of the elbow and wrist on the left. The right wrist was tender with pain on testing reflexes. There is burning pain at the right wrist with grasping and palpation of the lumbar spine cause pain. Extension was also painful. She is diagnosed with back pain, wrist pain, and elbow pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & 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) Low Back, Physical Therapy (PT)

**Decision rationale:** According to evidence-based guidelines, additional physical therapy sessions beyond the recommended initial and general course can be requested if there is documentation or evidence of ongoing improvement both in functional activities and pain levels. In this case, the injured worker is noted to be experiencing a flare-up of symptoms and has had physical therapy sessions before. However there is no evidence or information that details the total of number of sessions she had before and the required documented objective findings are also not evident. With the absence of required objective findings, functional improvement, and evidence of a significant decrease in pain levels, the medical necessity of the requested 12 physical therapy sessions for the lumbar spine is not established. Therefore, this request is not medically necessary.