

<b>Case Number:</b>	CM14-0173889		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Family 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:

This is a 51 year old male patient who sustained a work related injury on 5/07/2010. The mechanism of the injury was not specified in the records provided. The diagnoses include cervical disc protrusion, cervical sprain/strain, thoracic sprain/strain, lumbar disc protrusion, lumbar sprain/strain, right carpal tunnel syndrome, right wrist sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain, sprain of other specified sites of elbow and forearm and bilateral knee sprain/strain. Per the doctor's note dated 8/15/2014, patient had complaints of neck pain with muscle spasms, upper mid back pain and stiffness, low back pain, bilateral knee pain secondary to altered gait from low back pain, right wrist pain, pain in the left wrist associated with numbness and tingling, bilateral elbow pain with stiffness. Physical examination revealed tenderness to palpation of the cervical paravertebral muscles, muscle spasm of the cervical paravertebral muscles and pain with shoulder depression, tenderness to palpation of the thoracic paravertebral muscles and positive Lewin sign, tenderness to palpation of the lumbar paravertebral muscles and a positive Nachlas' test, tenderness to palpation of the dorsal wrist and volar wrists, positive Tinel's sign and positive reverse Phalen's, tenderness to palpation of the dorsal wrist, positive Tinel's sign, and positive reverse Phalen's test, tenderness to palpation of the medial/lateral epicondyle and tenderness to palpation of the anterior knee and positive patella compression test. The current medications list is not specified in the records provided. He has had X-ray of the left elbow dated 5/29/14 which revealed triceps tendinosis; MRI of the thoracic spine dated 5/29/14 which revealed multi-level disc protrusions. He has had a cervical epidurogram on 03/18/14 and epidural injection. He has had Physical Therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical therapy visits for cervical, thoracic, lumbar, bilateral wrists and left elbow 1 time a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has already had unspecified numbers of physical therapy visits. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 6 Physical therapy for cervical, thoracic, lumbar, bilateral wrists and left elbow 1 x week for 6 weeks is not fully established for this patient.