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| Case Number: | CM14-0175394 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 10/06/2003 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 Anesthesiology, has a subspecialty 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:

According to the records made available for review, this is a 56-year-old male with a 10/6/03 date of injury. At the time (9/29/14) of Decision for Physical Therapy and DME (Durable Medical Equipment), there is documentation of subjective (neck, low back, and bilateral hand pain) and objective (cervical spine tenderness and spasms, limited range of motion of the cervical spine, lumbar spine tenderness and muscle spasms, decreased range of motion of the lumbar spine, positive Phalen's and Tinel's tests in the left hand, and decreased sensation in the left index and middle finger and the right little finger) findings, current diagnoses (right hand carpal tunnel syndrome, status post right hand carpal tunnel release with unlar nerve irritation, left hand carpal tunnel syndrome, lumbar spine disc bulge, and cervical spine disc protrusion), and treatment to date (wrist brace and medications). Medical reports identify a request for physical therapy 3x4 for the cervical and lumbar spine as well as a right wrist brace. Regarding DME (Durable Medical Equipment), there is no documentation of a clear rationale for the replacement of the wrist brace already in use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

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

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 & Upper back and Low Back, Physical Therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with a diagnosis of patients with a diagnosis of lumbar radiculitis not to exceed 12 visits over 8 weeks and patients with a diagnosis of cervical radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right hand carpal tunnel syndrome, status post right hand carpal tunnel release with unlar nerve irritation, left hand carpal tunnel syndrome, lumbar spine disc bulge, and cervical spine disc protrusion. In addition, there is documentation of a request for physical therapy 3x4 for the cervical and lumbar spine. Furthermore, given documentation of subjective (neck and low back pain) and objective (cervical spine tenderness and spasms, limited range of motion of the cervical spine, lumbar spine tenderness and muscle spasms, and decreased range of motion of the lumbar spine) findings, there is documentation of functional deficits and functional goals. However, the requested physical therapy 3x4 for the cervical and lumbar spine exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Physical therapy for the Physical Therapy is not medically necessary.

DME (Durable Medical Equipment): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

[https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable_medical_equipment_\(dme\).pdf](https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable_medical_equipment_(dme).pdf)

Decision rationale: Medical Treatment Guideline identifies documentation of a clear rationale for the replacement of DME already in use, such as malfunction or breakdown. Within the medical information available for review, there is documentation of diagnoses of right hand carpal tunnel syndrome, status post right hand carpal tunnel release with unlar nerve irritation, left hand carpal tunnel syndrome, lumbar spine disc bulge, and cervical spine disc protrusion. In addition, there is documentation of a request for right wrist brace. However, given documentation of patient currently utilizing a wrist brace, there is no documentation of a clear rationale for the replacement of the wrist brace already in use. Therefore, based on guidelines

and a review of the evidence, the request for DME (Durable Medical Equipment) is not medically necessary.