

<b>Case Number:</b>	CM14-0020495		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 who was reportedly injured on June 22, 2012. The mechanism of injury is noted as cumulative trauma. The most recent progress note dated February 6, 2014, indicates that there are ongoing complaints of unchanging low back pain. The physical examination demonstrated decreased sensation at the right L5 nerve distribution and a positive right-sided straight leg raise test. Examination of the hands noted a positive Finkelstein's test and triggering of the left thumb. There was tenderness over the first and second Extensor compartments and over the A1 pulley. No report of any diagnostic imaging studies were included. Previous treatment includes physical therapy and epidural steroid injections. A request was made for physical therapy for the left wrist and lower back and was not certified in the pre-authorization process on February 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for the low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar and thoracic, Physical therapy, Updated July 3, 2014.

**Decision rationale:** According to the medical record the injured employee has already participated in 24 sessions of physical therapy for the lumbar spine. The Official Disability Guidelines would support 10 visits of physical therapy over eight weeks time for lumbar strains. Considering that this has already been far exceeded it is unclear why additional therapy is needed. This request for physical therapy for the low back twice a week for four weeks is not medically necessary.

**Physical therapy 2 times a week for 4 weeks for the left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, and hand, Physical therapy, Updated February 18, 2014.

**Decision rationale:** According to the medical record the injured employee has already participated in 16 sessions of physical therapy for the left hand/wrist. The Official Disability Guidelines would support nine visits of physical therapy over eight weeks time for sprains and strains of the wrist and hand. Considering that this has already been far exceeded it is unclear why additional therapy is needed. This request for physical therapy for the left wrist twice a week for four weeks is not medically necessary.