

<b>Case Number:</b>	CM14-0029960		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/02/2004
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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, has a subspecialty in Pain 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 patient is a 46 year old female who was injured on 03/2/2004. Mechanism of injury is unknown. Past medical treatment history has included medications and Physical Therapy. A prior UR determination dated 3/3/2014 non-certified the request for additional physical therapy of the right wrist, cervical and lumbar spine, qty. 12. The reviewer noted that the patient had already completed 12 sessions of physical therapy over the past 4-5 months, which the patient stated only helped temporarily. It was unclear how providing more of the same treatment would result in a better or different outcome considering the lack of considerable relief from previous treatments. According to the primary treating physician's orthopedic/spine surgery reevaluation report dated 4/28/2014, the patient complains of ongoing pain in the neck that radiates to the left trapezius muscle in the left arm. Pain is rated 5-8/10. Right wrist pain has improved. She also reports ongoing lower back pain that will occasionally extend to the buttocks, hamstrings and calves. She notes severe pain and stiffness in the bilateral calves and feet. Low back pain is rated 6/10, bilateral calves and feet pain as 8/10. She loses balance and has difficulty going downstairs. The patient is currently attending physical therapy of the cervical spine, lumbar, and right wrist with modest improvement. She takes Norco and Ibuprofen as needed for pain. On physical examination, there is no tenderness to palpation, range of motion is full, there is pain with cervical spine extension, upper extremity motor strength is 5/5 except for 4/5 in right biceps/wrist flexors and finger flexors. Sensation is intact to all dermatomes and DTRs are 2+. There is swelling over the right wrist dorsum, tenderness of the dorsum and distal radial ulnar joint. Median nerves abnormal, Phalen's test is positive. Lumbar exam documents muscle spasm on palpation at the spinous processes, flexion and extension limited due to pain, 5/5 motor strength, intact sensation in all dermatomes, 2+ DTRs (Deep tendon reflexes), and negative SLR (straight-leg-raising), FABER (Flexion In Abduction And External Rotation) and Lasegue.

Diagnoses: Lumbar disc displacement, spinal stenosis of lumbar region, radiculitis, cervicalgia, right dorsal wrist strain and left cervical radiculopathy exacerbation. The patient continues modified work duty. Recommendation is for pain management evaluation and treatment. According to the primary treating physician's orthopedic/spine surgery reevaluation report dated 3/4/2014, the patient complains of neck pain rated 5/10 that radiates down the left trapezius and forearm, and low back pain rated 6/10 that radiates to the left buttock down to the foot/ankle with numbness and tingling. She also notes bilateral hand pain worse on the right. The patient completed 2 additional Physical Therapy sessions with improvement. She had a severe flare-up and cannot work modified duty at this time. The objective findings are the same as detailed in the subsequent 3/17/2014 and 4/28/2014 reports.

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

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

**Physical Therapy for the right wrist, cervical and lumbar spine Quantity: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist & Hand Procedure summary last updated 02/18/2014, (Physical Therapy Guidelines), Neck & Upper Back Procedure summary last updated 12/16/2013, (Physical Therapy Guidelines) and Low Back Procedure summary last updated 02/13/2014, (Physical Therapy Guidelines).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The CA MTUS states patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. According to the medical records, the patient has completed at least 14 Physical Therapy sessions over the last several months, from which she has had modest benefit. The patient has already received an appropriate amount of physical therapy. In addition, the medical records do not reflect any significant change in objective findings and functional status of the patient that indicates she has obtained notable benefit with rendered therapy to date. It is not established that additional therapy would be any more than temporary benefit. At this juncture, the patient should be very well versed in an independently applied home exercise program, which would be equally efficacious. The patient should actively utilize an HEP (Home Exercise Program) on a regular basis to help maintain functional gains and manage complaints. Therefore the request for twelve (12) physical therapy sessions for the right wrist, cervical and lumbar spine is not medically necessary and appropriate.