

<b>Case Number:</b>	CM14-0030120		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/25/2014
<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 Interventional Spine 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 54 year-old female with a 5/18/12 date of injury. She has been diagnosed with cervical disc degeneration, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, and lumbar radiculopathy. On 2/25/14, Utilization Review reviewed a 1/31/14 medical report and recommended against physical therapy 2x4 for the bilateral hands. Unfortunately, the 1/31/14 medical report was not provided for this Independent Medical Review. The most recent physical therapy note provided for this Independent Medical Review, is dated 12/31/13 and documents pain in the cervical spine, thoracic spine, and lumbar spine without mention of bilateral hand issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy; eight (8) sessions (2 x 4), bilateral hands:** Upheld

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

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

**Decision rationale:** Utilization Review denied physical therapy 2x4 for the bilateral hands after reviewing a medical report dated 1/31/14. Unfortunately, the 1/31/14 report was not provided for this IMR. The most recent report is from a physical therapist and dated 12/31/13. There is mention of neck, mid and low back pain, but no mention of issues with the hands. MTUS guidelines for physical therapy recommends up to 8-10 sessions for various myalgias and neuralgias, and up to 24 sessions for Reflex sympathetic dystrophy (CRPS). In this case, there is no mention of myalgias or neuralgias, or Reflex sympathetic dystrophy (CRPS) of the bilateral hands. There are no medical reports provided that discuss why physical therapy is being requested for the hands. Without documentation of any issues with the hands, the request cannot be compared to the MTUS criteria for physical therapy. The request for the unknown hand condition, cannot be confirmed to be in accordance with the conditions listed in the MTUS criteria. The request is not medically necessary.