

<b>Case Number:</b>	CM14-0069040		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 36-year-old female with a 4/17/12 date of injury. She injured her low back when she was trying to put a bag of trash weighing about 40 to 50 pounds into a dumpster. According to the most recent progress report provided for review, dated 7/30/14, the patient complained of debilitating back pain with radicular symptoms to the bilateral lower extremities. She has had difficulty performing most of her activities of daily living and has been requiring more pain medications. Objective findings: tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points that are palpable and tender throughout lumbar paraspinal muscles, decreased range of motion with muscle guarding. Diagnostic impression: lumbar myoligamentous injury with bilateral lower extremity radicular symptoms. Treatment to date: medication management, activity modification, epidural steroid injection, chiropractic care, physical therapy to treat lumbar spine. A UR decision dated 4/17/14 denied the request for physical therapy. The claimant has been receiving treatment for low back and leg pain. There has been no indication that the claimant has been experiencing signs and symptoms consistent with carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for bilateral wrist, 8 visits.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, Page 114.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. However, in the medical records provided for review, there is no documentation of subjective complaints of the wrists. In addition, there is no documentation of objective findings indicative of functional deficits associated with the wrists. It is unclear why this request is being made at this time. Therefore, the request for Physical Therapy for bilateral wrist, 8 visits was not medically necessary.