

<b>Case Number:</b>	CM14-0083154		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/19/2003
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Texas. 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 64 year old male whose date of injury is 08/19/2003. The mechanism of injury is described as a slip and fall. Treatment to date includes at least 21 physical therapy visits for the low back and at least 6 physical therapy visits for the left wrist as well as epidural steroid injections. Lumbar MRI dated 09/21/09 revealed at L5-S1 there is moderate discogenic disease with at least moderate disc space narrowing and desiccation. There are mild 2-3 mm bulges at L3-4 and L4-5. EMG/NCV dated 01/12/11 revealed abnormal ulnar sensory nerve conduction across right wrist. There is mild left L5-S1 radiculopathy. Re-evaluation dated 07/03/13 indicates that the injured worker complains of bilateral hand/wrist pain. Diagnoses are left thumb basal joint degenerative joint arthritis grade 3; right thumb basal joint degenerative joint arthritis grade 1; rule out bilateral median and ulnar nerve entrapment neuropathy. Note dated 05/14/14 indicates that the injured worker complains of chronic low back pain. The symptomatology in the injured worker's wrists has not changed significantly. Diagnoses are lumbar discopathy and bilateral 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 x 8 for the lumbar spine and left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-

Treatment in Workers' Compensation (ODG-TWC) Low Back Procedure Summary last updated 03/31/2014; ODG-TWC Carpal Tunnel Procedure Summary last updated 02/20/2014

**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 Chapter, Carpal tunnel syndrome Chapter, Physical therapy

**Decision rationale:** Based on the clinical information provided, the request for physical therapy x 8 for the lumbar spine and left wrist is not recommended as medically necessary. There are no objective measures of improvement submitted for review documenting the injured worker's response to prior physical therapy. Therefore, medical necessity is not established, and ongoing physical therapy is not medically necessary in accordance with the Official Disability Guidelines. There are no specific, time-limited treatment goals provided. The injured worker's compliance with an ongoing home exercise program is not documented. Given the extensive physical therapy completed to date, the injured worker should be well-versed in a home exercise program.