

<b>Case Number:</b>	CM15-0206087		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male who sustained a work-related injury on 7-28-14. Medical record documentation on 9-9-15 revealed the injured worker was being treated for lumbar spine bulging disc of L3-4 with left sided L4 radiculopathy, right hand, thumb arthritis over the CMC joint, and left hand, thumb arthritis over the CMC joint. He reported pain in the low back and bilateral thumbs. He reported pain and spasm in the low back with numbness and pain into the left lower extremity to the level of this anterior thigh. He reported difficulty with prolonged sitting and standing. He had pain in the bilateral thumbs which increased with gripping and use. Objective findings included spasm of the lower lumbar area and pain with motion. He had tenderness to palpation over the lower lumbar region and a positive Lasegue's test on the left. His lumbar spine range of motion included flexion to 45 degrees (60 degrees on 7-29-15), extension to 20 degrees (20 degrees on 7-29-15), and bilateral bending to 20 degrees (20 degrees on 7-29-15). Inspection of the hands revealed no swelling or deformity. He had crepitus and pain with thumb motion bilaterally. He had tenderness and mild swelling about the CMC joint bilaterally. His motor strength was 5-5 in the C5, C6, C7, C8 and T1 dermatomes and he had normal sensation in all dermatomes. Previous treatment included lumbar facet blocks at L3-4 and L4-5 bilaterally on 8-10-15. An MRI of the lumbar spine on 5-4-15 revealed degenerative lumbar spondylosis, multi-level spinal canal stenosis, multilevel bilateral foraminal stenosis and multi-level disc bulging. A request for physical therapy evaluation and treatment, 3 times per week for 4 weeks for the lumbar spine and bilateral hands was received on 9-15-15. On 9-23-15, the Utilization Review

physician determined physical therapy evaluation and treatment, 3 times per week for 4 weeks for the lumbar spine and bilateral hands was not medically necessary.

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

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

**Physical therapy evaluation and treatment, 3x a week for 4 weeks, lumbar spine and bilateral hands, per 9/9/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The records indicate the patient complains of ongoing low back pain and bilateral thumb pain. The current request for consideration is physical therapy evaluation and treatment, 2x a week 4 weeks, lumbar spine and bilateral hands. The attending physician report dated 9/9/15, page (17b), requests authorization for physical therapy to include ultrasound, massage and therapeutic exercise 2 x a week for 4 weeks, lumbar spine and bilateral hands. The CA MTUS does recommend physical therapy as an option for low back and hand injuries, at a decreasing frequency with a transition into independent home-based exercise. The guidelines do recommend for myalgia and myositis, unspecified: 9-10 visits over 8 weeks. In this case, the records indicate the patient has completed 12 sessions of physical therapy. There is no explanation as to why the patient cannot continue physical therapy on an independent basis. There is no discussion of an acute exacerbation. Furthermore, there is no supporting documentation to indicate any functional improvement with prior physical therapy. The current request is not consistent with MTUS guidelines and is not medically necessary.