

<b>Case Number:</b>	CM15-0207215		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	01/08/2012
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 43 year old female, who sustained an industrial-work injury on 1-8-12. A review of the medical records indicates that the injured worker is undergoing treatment for sprain of neck, cervical spondylosis, lumbar sprain, thoracic spondylosis, lumbosacral spondylosis, and carpel tunnel syndrome bilateral wrists. Medical records dated 9-1-15 indicate that the injured worker complains of pain in the hips that goes up and limping because of back pain. There is pulling pain in the left volar wrist that radiates to the left elbow. She complains of numbness and tingling in the bilateral hands, more on the left, numbness and tingling at night and positive Flick sign. Per the treating physician report, dated 9-1-15 work status is usual and customary. The physical exam dated 9-1-15 reveals positive responses to carpel compression maneuvers left carpel tunnel, positive scratch collapse test right carpel tunnel and left carpel tunnel, low back pain with minimal active flexion of the lumbar spine, and tenderness of the cervical, thoracic and lumbar spinous processes. Treatment to date has included medication and diagnostics. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 8-7-15 to the bilateral upper extremities reveals normal studies. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8-7-15 reveals a vertebral body hemangioma, small central disc bulge L2-3, left facet joint disease, disc bulge and mild left facet arthropathy L3-4, small lateral disc bulge and central annular tear L4-5 and small right lateral disc bulge and annular tear L5-S1. The cervical spine x-rays dated 7-17-15 reveal multi-level degenerative disc disease (DDD) and facet disease. The requested services included Diagnostic Ultrasound of the Bilateral Wrists and Physical Therapy for the Bilateral Wrists, Lumbar Spine

and Cervical Spine (12-sessions, 2 times a week for 6-weeks). The original Utilization review dated 9-30-15 non-certified the request for Diagnostic Ultrasound of the Bilateral Wrists. The request for Physical Therapy for the Bilateral Wrists, Lumbar Spine and Cervical Spine (12-sessions, 2 times a week for 6-weeks) was modified to physical therapy 6 sessions for the Bilateral Wrists, Lumbar Spine and Cervical Spine.

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

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

#### **Diagnostic Ultrasound of the Bilateral Wrists: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand Complaints, Ultrasound (diagnostic).

**Decision rationale:** The requested Diagnostic Ultrasound of the Bilateral Wrists is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Forearm, Wrist, Hand Complaints, Ultrasound (diagnostic) noted: "Recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries." The injured worker has pain in the hips that goes up and limping because of back pain. There is pulling pain in the left volar wrist that radiates to the left elbow. She complains of numbness and tingling in the bilateral hands, more on the left, numbness and tingling at night and positive Flick sign. Per the treating physician report, dated 9-1-15, work status is usual and customary. The physical exam dated 9-1-15 reveals positive responses to carpal compression maneuvers left carpal tunnel, positive scratch collapse test right carpal tunnel and left carpal tunnel, low back pain with minimal active flexion of the lumbar spine, and tenderness of the cervical, thoracic and lumbar spinous processes. The treating physician has not documented exam evidence indicative of tendon injuries. The criteria noted above not having been met, Diagnostic Ultrasound of the Bilateral Wrists is not medically necessary.

#### **Physical Therapy for the Bilateral Wrists, Lumbar Spine and Cervical Spine (12-sessions, 2 times a week for 6-weeks): 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 requested Physical Therapy for the Bilateral Wrists, Lumbar Spine and Cervical Spine (12-sessions, 2 times a week for 6-weeks), is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional

improvement. The injured worker has pain in the hips that goes up and limping because of back pain. There is pulling pain in the left volar wrist that radiates to the left elbow. She complains of numbness and tingling in the bilateral hands, more on the left, numbness and tingling at night and positive Flick sign. Per the treating physician report, dated 9-1-15, work status is usual and customary. The physical exam dated 9-1-15 reveals positive responses to carpel compression maneuvers left carpel tunnel, positive scratch collapse test right carpel tunnel and left carpel tunnel, low back pain with minimal active flexion of the lumbar spine, and tenderness of the cervical, thoracic and lumbar spinous processes. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program, nor the medical necessity for a current trial of physical therapy beyond six sessions and then re-evaluation. The criteria noted above not having been met, Physical Therapy for the Bilateral Wrists, Lumbar Spine and Cervical Spine (12-sessions, 2 times a week for 6-weeks) is not medically necessary.