

<b>Case Number:</b>	CM15-0025317		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/26/2000
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 71-year-old female, with a reported date of injury of 10/26/2000. The diagnoses include lumbosacral spondylosis, and carpal tunnel syndrome pain. Treatments have included a heating pad, topical pain medication, physical therapy, MRI of the back, and oral pain medication. The progress report dated 01/14/2014 indicates that the injured worker continued to have right shoulder pain, with intermittent flares, numbness in the right hand, and low back pain. He had numbness tingling in both hands with weakness and pain. A physical examination of the back showed no spasm, tenderness of the bilateral paraspinal, normal gait, negative bilateral straight leg raise test, and mildly limited flexion and extension. An examination of the bilateral hands showed full range of motion, decreased sensation of the median and ulnar distributions/all fingers, and diffuse pain. The treating physician requested six physical therapy visits for the right hand and lumbar spine to help reduce the injured worker's discomfort. On 02/04/2015, Utilization Review (UR) denied the request for physical therapy two times a week for three weeks for the right hand and lumbar spine. The UR physician noted that it was indicated that continuous stretching and strengthening could have been done through an independent home exercise program. The MTUS ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of Physical Therapy (2x 3weeks) to the lower back and hand: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for pain affecting the right hand and lumbar spine. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is within that recommended and therefore medically necessary.