

<b>Case Number:</b>	CM15-0235908		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	01/15/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 30 year old male, who sustained an industrial-work injury on 3-18-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine disc bulge and left small finger surgery. Medical records dated 11-3-15 indicate that the injured worker complains of low back pain and pain in the left small finger. The injured worker notes that the low back pain is his chief complaint. He reports that therapy is helping even though it makes him sore at times. Per the treating physician report dated 11-3-15 the injured worker has not returned to work. The physical exam dated 11-3-15 reveals left thumb light touch sensation is intact, left index tip is intact and left small tip is diminished. The physician indicates that the lumbar Magnetic Resonance Imaging (MRI) dated 6-26-15 reveals multi-level spondylotic degenerative facet arthropathy which contributes to thecal sac narrowing at L4-5 and L3-4. There is a broad based disc protrusion at L3-4 and L4-5 with borderline spinal stenosis at L4-5. The initial physiotherapy evaluation dated 10-28-15 reveals that the injured worker has limited range of motion, weakness, and decreased function secondary to pain. The injured worker will be instructed on a proper therapeutic exercise program and home exercise program (HEP) while attending therapy in order to eliminate pain and return to work. Treatment to date has included Anaprox and Flexeril, left small finger surgery 3-18-14, splinting, occupational therapy for the left finger at least 12 sessions, and other modalities. The request for authorization date was 11-3-15 and requested service included Physical therapy 2 times a week for 6 weeks for lumbar spine and left small finger. There is no documented evidence in the medical records of objective functional improvement as a result of the previously rendered treatment therapy. The original Utilization review dated 11-19-15 modified the request for Physical therapy 2 times a week for 6 weeks for lumbar spine and left small finger modified to Physical therapy 2 times a week for 3 weeks for lumbar spine and left small finger.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for lumbar spine and left small finger:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy. Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks for the lumbar spine and left small digit is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spine disc bulge; and left small finger surgery. Date of injury is March 18, 2014. Request for authorization is November 3, 2015. The injured worker's primary injury was a left small digit amputation with exposed bone that was irrigated and debrided. According to a November 3, 2015 progress note, the injured worker has no new problems. The chief complaint is low back pain. Physical therapy is helping. The injured worker underwent MRI evaluation of the lumbar spine. Objectively, there is no physical examination of the lumbar spine, pelvis or hips. MRI evaluation lumbar spine showed multilevel degenerative facet arthropathy which contributes to thecal sac narrowing most pronounced at L4 - L5 followed by L3 - L4. At L3 - L4, there is a 2 mm broad-based disc protrusion. At L4 - L5 there is a premature broad based disc protrusion. The documentation indicates physical therapy is helping, but the documentation does not specify the total number of physical therapy sessions to the lumbar spine. The utilization review states the injured worker was certified for 12 physical therapy sessions to the left small digit. There is no documentation demonstrating objective functional improvement. There is no physical examination of the lumbar spine. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no objective documentation of a lumbar spine examination and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy two times per week times six weeks for the lumbar spine and left small digit is not medically necessary.