

<b>Case Number:</b>	CM14-0169900		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	01/15/2011
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 42 year old male who reported an injury on 04/15/2011 due to cumulative trauma. His diagnoses were noted to include lumbar spine discogenic disease, lumbar radiculopathy, and left wrist sprain/strain status post left hand laceration. His past treatments were noted to include physical therapy, acupuncture, extracorporeal shockwave therapy, and medication. Diagnostic studies included an MRI of the lumbar spine which was performed on 06/30/2014. On 09/11/2014, the injured worker rated his low back pain 8/10 and also reported numbness in his left wrist. The physical exam findings were noted to reveal tenderness to palpation over the paraspinals, decreased range of motion, and a bilaterally positive straight leg raise; and tenderness to palpation of the left wrist. His current medications were noted to include Deprixine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzapine, and Ketoprofen cream. The treatment plan was noted to include continuation of physical therapy for evaluation and treatment of his low back and left hand 2 times a week for 6 weeks. A Request for Authorization was not submitted for review.

### 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 to The Lumbar/Left Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for Physical Therapy 2 Times A Week for 6 Weeks to The Lumbar/Left Hand is not medically necessary. The California MTUS Guidelines recommend 8-10 visits of physical therapy over 4 weeks for the lumbar spine for the treatment of unspecified neuralgia, neuritis, and radiculitis. Additionally, the guidelines recommend 9-10 visits of physical therapy over 8 weeks for the wrist for the treatment of unspecified myalgia and myositis. The injured worker was noted to have received physical therapy in the past and he reported improved function of 30%; however, there was insufficient documentation indicating how many sessions of physical therapy he received and evidence of objective functional improvement. Additionally, the physical exam indicated tenderness to palpation over the paraspinals as well as tenderness to palpation of the left wrist; however, evidence of objective functional deficits was not provided. Furthermore, the request is for 12 visits of physical therapy, which exceeds the guidelines' recommendation. In the absence of this documentation and documentation of exceptional factors to significantly demonstrate the necessity of services beyond the guidelines' recommendation, the request is not supported by the evidence-based guidelines. As such, the request for Physical Therapy 2 Times A Week for 6 Weeks to The Lumbar/Left Hand is not medically necessary.