

<b>Case Number:</b>	CM14-0213324		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Anesthesiology, 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:

According to the records made available for review, this is a 61-year-old female with an 11/27/13 date of injury. At the time (11/24/14) of the request for authorization for continued physical therapy for the lumbar spine twice a week for four weeks, continued physical therapy for the left wrist/hand twice a week for four weeks, and aquatic therapy for the left wrist/hand twice a week for four weeks, there is documentation of subjective (pain in her low back and left wrist/hand, radiating low back pain through her right lower extremity into her right foot with associated numbness and tingling) and objective (tenderness to palpation is noted about the paraspinal musculature with associated myospasms, ranges of motion are restricted, sensory deficits throughout the lower right extremity, tenderness to palpation of the left wrist, flexion contracture of the PIP and DIP of the 3rd and 4th fingers, limited range of motion and is unable to make a fist) findings, current diagnoses (left hand deep laceration of the 3rd and 4th fingers, left wrist sprain/tendinitis, lumbar spine strain, multi-level disc bulges at L3-4 and L4-5 with desiccation and bilateral facet hypertrophy), and treatment to date (physical therapy). Regarding continued physical therapy for the lumbar spine twice a week for four weeks and continued physical therapy for the left wrist/hand twice a week for four weeks, the number of physical therapy sessions completed to date cannot be determined; and there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy completed to date. Regarding aquatic therapy for the left wrist/hand twice a week for four weeks, there is no documentation that reduced weight bearing is indicated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy for the lumbar spine twice a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 8 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left hand deep laceration of the 3rd and 4th fingers, left wrist sprain/tendinitis, lumbar spine strain, multi-level disc bulges at L3-4 and L4-5 with desiccation and bilateral facet hypertrophy. In addition, there is documentation of previous physical therapy. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy 2x6 cervical spine, lumbar spine, bilateral knees is not medically necessary.

**Continued physical therapy for the left wrist/hand twice a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Neck & Upper Back, Low Back, and Knee & Leg, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprain/strain not to exceed 9 visits over 8 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left hand deep laceration of the 3rd and 4th fingers, left wrist sprain/tendinitis, lumbar spine strain, multi-level disc bulges at L3-4 and L4-5 with desiccation and bilateral facet hypertrophy. In addition, there is documentation of previous physical therapy. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy 2x6 cervical spine, lumbar spine, bilateral knees is not medically necessary.

**Aquatic therapy for the left wrist/hand twice a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Aquatic therapy. Page(s): 98,22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Physical therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG also notes 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 a negative direction (prior to continuing with the physical therapy). ODG identifies visits for up to 9 visits over 8 weeks in the management of sprain/strain. Within the medical information available for review, there is documentation of diagnoses of left hand deep laceration of the 3rd and 4th fingers, left wrist sprain/tendinitis, lumbar spine strain, multi-level disc bulges at L3-4 and L4-5 with desiccation and bilateral facet hypertrophy. However, there is no documentation that reduced weight bearing is indicated. In addition, the requested aquatic therapy for the left wrist/hand twice a week for four weeks exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy for the left wrist/hand twice a week for four weeks is not medically necessary.