

<b>Case Number:</b>	CM15-0113016		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	05/28/2011
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 52 year old female, who sustained an industrial/work injury on 5/28/11. She reported initial complaints of wrist pain. The injured worker was diagnosed as having lumbar disc protrusion/radiculopathy, bilateral carpal tunnel syndrome. Treatment to date has included medication, carpal tunnel release and decompression fasciotomy of the distal forearm and wrist surgery in 10/22/11 and 2/7/15. Currently, the injured worker complains of right wrist tenderness. Per the primary physician's progress report (PR-2) on 1/6/15, examination revealed tenderness over base, pain in Achilles tendon/calcaneous, right and left wrist 70 degrees of flexion and 75 degrees palmar flexion. The requested treatments include 12 physical therapy sessions for the right wrist and MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

**Decision rationale:** CA MTUS Guidelines supports physical therapy to provide short-term relief during the early phases of pain treatment. In this case, the patient has a chronic condition of approximately 4 years duration. The medical records submitted reveal no significant improvement with physical therapy. At this point there is no documentation showing that the patient cannot perform a home exercise program to attempt improvement of her condition. This request is deemed not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Indications for imaging-Magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 3034-305, 308-310.

**Decision rationale:** The ACOEM Guidelines state that MRI may be appropriate if physiologic evidence indicates tissue insult or nerve impairment. The records submitted for review do not include a detailed lumbar history, physical examination or neurological examination. No significant impairment of the low back is described. No treatment plan is provided. Guideline criteria for an MRI of the lumbar spine are not met. The request is thus deemed not medically necessary.