

<b>Case Number:</b>	CM15-0177041		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	03/05/2007
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male, who sustained an industrial injury on 3-5-07. He reported pain in his lumbar spine and left hand pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, status post right carpal tunnel release, degenerative disc disease, lumbar radiculopathy, and status post lumbar spine surgery on 12-8-12. Treatment to date has included right carpal tunnel release on 6-18-15, L3-S1 fusion, physical therapy, chiropractic treatment, acupuncture, epidural injections, and medication. Physical examination findings on 3-30-15 included decreased strength in the bilateral biceps and decreased interosseous and grip strengths bilaterally. Loss of sensation in the medial nerve distribution was noted. Pain to palpation over the mid-cervical spine and L4-S1 levels with substantial paraspinal lumbar and cervical muscle spasms were noted. A positive straight leg raise was noted bilaterally. Currently, the injured worker complains of bilateral wrist pain, numbness, and weakness. Back pain was also noted. The treating physician requested authorization for physical therapy 3x6 for bilateral wrists, a follow up with [REDACTED] for low back pain, and range of motion testing. On 8-26-15 the requests were non-certified. Regarding physical therapy, the utilization review (UR) physician noted "it is unclear how many sessions have recently been completed for the bilateral wrists, as the patient recently underwent carpal tunnel syndrome release on 6-18-15 and only 3-8 visits are supported following this procedure per guidelines." Regarding a follow up visit, the UR physician noted "a rationale is not provided to identify the medical necessity of this request." Regarding range of motion testing, the UR physician noted

"range of motion testing is recommended as part as a routine musculoskeletal exam, this is not separately reimbursable."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy 3xWeek for 6 Weeks for The Bilateral Wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** The current request is for Physical Therapy 3xWeek for 6 Weeks for The Bilateral Wrists. The RFA is dated 08/12/15. Treatment to date has included right carpal tunnel release on 6-18-15, L3-S1 fusion 12/08/12, physical therapy, chiropractic treatment, acupuncture, epidural injections, and medication. MTUS post-surgical guidelines, for Carpal Tunnel Syndrome, page 15 allows for 3-8 sessions over 3-5 weeks. Per report 08/12/15, the patient presents with low back pain and bilateral wrist pain. The patient's wrist pain and strength is improving following the CTR on 06/18/15. Physical examination of the lower back revealed decreased strength in the bilateral biceps and decreased interosseous and grip strength bilaterally. Loss of sensation in the medial nerve distribution was noted. There is pain to palpation over the mid-cervical spine and L4-S1 levels with substantial paraspinal lumbar muscle spasms noted, and positive straight leg raise bilaterally. There is no indication of how many post-operative physical therapy sessions the patient has received following the 06/18/15 CTR. The current request for 18 sessions for the bilateral wrists, exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

#### **Follow Up With [REDACTED] For Low Back Pain: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

**Decision rationale:** The current request is for Follow Up With [REDACTED] For Low Back Pain. The RFA is dated 08/12/15. Treatment to date has included right carpal tunnel release on 6-18- 15, L3-S1 fusion 12/08/15, physical therapy, chiropractic treatment, acupuncture, epidural injections, and medication. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per report 08/12/15, the patient

presents with low back pain and bilateral wrist pain. The patient's wrist pain and strength is improving following the CTR on 06/18/15. Physical examination of the lower back revealed decreased strength in the bilateral biceps and decreased interosseous and grip strength bilaterally. Loss of sensation in the medial nerve distribution was noted. There is pain to palpation over the mid-cervical spine and L4-S1 levels with substantial paraspinal lumbar muscle spasms noted, and positive straight leg raise bilaterally. This is a request for the patient to follow up with the spinal surgeon, given the patient increase in low back pain. The ACOEM Guidelines support referrals for patients that require specialist consult if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Given the patient's increasing low back symptoms, a follow up with [REDACTED] (spine surgeon) is reasonable and supported by ACOEM. This request IS medically necessary.

**Range Of Motion Testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

**Decision rationale:** The current request is for Range Of Motion Testing. The RFA is dated 08/12/15. Treatment to date has included right carpal tunnel release on 6-18-15, L3-S1 fusion 12/08/15, physical therapy, chiropractic treatment, acupuncture, epidural injections, and medication. ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. MTUS, page 48, Functional Improvement Measures are discussed in regards to "Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees." Per report 08/12/15, the patient presents with low back pain and bilateral wrist pain. The patient's wrist pain and strength is improving following the CTR on 06/18/15. Physical examination of the lower back revealed decreased strength in the bilateral biceps and decreased interosseous and grip strength bilaterally. Loss of sensation in the medial nerve distribution was noted. There is pain to palpation over the mid-cervical spine and L4-S1 levels with substantial paraspinal lumbar muscle spasms noted, and positive straight leg raise bilaterally. The treater does not provide a rationale for the requested Range of Motion Testing. ROM measurements can be easily obtained via clinical examination. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination. Therefore, the request IS NOT medically necessary.