

<b>Case Number:</b>	CM14-0140347		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/28/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 California. 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 56-year-old male who sustained an injury on 01/28/12 to his low back, neck, and shoulders when his chair collapsed from under him, causing him to fall. He was treated with physical therapy; the number of sessions is not indicated. On 08/15/14, the injured worker complained of pain in the cervical spine, low back, bilateral knee, and bilateral wrist/hand. The cervical spine pain is constant and sharp at 5/10. The low back pain is constant and sharp at 6/10. The bilateral knee pain is constant and burning at 8/10. The bilateral wrist/hand pain is intermittent and throbbing at 6/10. Examination revealed palpable cervical spine paravertebral muscle tenderness with spasm and positive axial loading compression test and Spurling's maneuver. His range of motion is limited with pain. There is palpable lumbar spine paravertebral muscle tenderness with spasm. Positive seated nerve root test. The range of motion of standing flexion and extension are guarded and restricted. There is tenderness in the volar aspect of the wrist. There is a positive palmar compression test and Tinel's sign. Range of motion is full, but painful. The sensation is diminished in the radial digits. Current medications include Anaprox DS, Prilosec, Zofran, Norflex, Flexeril, Norco, tramadol extended release, and Imitrex. X-ray of the left knee done on 05/08/14 revealed tri-compartmental osteoarthritis. His diagnoses are cervicgia, lumbago, internal derangement knee, and carpal tunnel syndrome. Plan is to continue medications and he is scheduled for left total knee arthroplasty surgery. 01/13/14 report indicates the injured worker was making progress with physical therapy; however, the report on 07/21/14 indicated that the injured worker failed to improve with physical therapy. The request for physical therapy for the bilateral hands was denied on 07/30/2014 due to lack of sufficient information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) for The Bilateral Hands: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Definitions: Functional Improvement

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), Physical/ Occupational therapy

**Decision rationale:** As per Chronic Pain Medical Treatment Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines for carpal tunnel syndrome allow 1-3 visits of physical therapy/occupational therapy over 3-5 weeks; allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the injured worker has received unknown number of physical therapy/occupational therapy visits for multiple body parts in the past; however, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, the number of requested physical therapy visits has not been specified. Therefore, the request is considered not medically necessary and appropriate.