

<b>Case Number:</b>	CM14-0142785		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old man sustained an industrial injury on 12/3/2013 due to cumulative trauma. Evaluations include an undated left wrist MRI. Diagnoses include left wrist pain of unknown etiology. Treatment has included oral medications, bracing, and physical therapy. Physician notes from a hand surgery consultation dated 6/4/2014 show left wrist pain. Recommendations include additional and more aggressive physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional physical therapy for the lumbar spine, 2 times a week for 4 weeks as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%202,Summary%20of%20Recommendations,Low%20Back%20Disorders).

**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 (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy eight additional physical therapy sessions to the lumbar spine, two times per week times four weeks is an outpatient is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are persistent left wrist pain; and low back pain. The date of injury is December 3, 2013. Request for authorization is dated August 20, 2014. According to an April 22, 2014 progress note, the injured worker subjectively complains of thoracic and lumbar pain. The injured worker reportedly "completed physical therapy." The utilization review states the injured worker received six physical therapy sessions. There is no documentation of physical therapy in the medical record and there is no documentation demonstrating objective functional improvement. According to a July 14, 2014 progress note, the injured worker subjectively has ongoing low back pain. Objectively, the lumbar spine is non-tender. The treatment plan indicates the injured worker should start physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines clinically indicated. The physical examination was unremarkable at the time of the July 14, 2014 progress. There is no clinical rationale for 8 additional physical therapy sessions. Consequently, absent clinical documentation demonstrating objective functional improvement from prior physical therapy and compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy eight additional physical therapy sessions to the lumbar spine, two times per week times four weeks is an outpatient is not medically necessary.