

Case Number:	CM13-0027256		
Date Assigned:	12/13/2013	Date of Injury:	07/17/2013
Decision Date:	02/07/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a female patient with a date of injury of July 17, 2013. A utilization review determination dated September 3, 2013 recommends no certification of additional physical therapy. A physician work status report indicates the patient return to regular duty work on August 15, 2013. A progress report dated October 18, 2013 includes subjective complaints of progressing pain in her lower back, left wrist, and left hand over the past 3 months. Conservative treatment has included 8 sessions of physical therapy to the left hand and lower back which provided her with moderate pain relief. She currently uses a home exercise program and tens unit which provides moderate pain relief. The patient indicates that her symptoms have been worsening since the injury, which has limited her function including avoiding going to work, performing household chores, and participating in recreation. Objective examination findings identify restricted range of motion in the lumbar spine with a positive straight leg raise test on the left. Neurologic examination reveals decreased motor strength on the EHL bilaterally, and ankle dorsiflexion on the right. Sensory examination revealed decreased sensation in the left L4-5 dermatomes. Diagnoses include lumbar radiculopathy, low back pain, and wrist pain. Treatment plan recommends an MRI of the lumbar spine, and consideration for interventional procedures depending upon the outcome of the MRI. An MRI of the left wrist is also recommended to rule out scaphoid fracture. EMG nerve conduction studies of the lower extremities are recommended to rule out spine radiculopathy versus peripheral nerve entrapment. Medications are recommended including Ultram, Neurontin, naproxen, and Lidoderm patch. The note also goes on to recommend physical therapy to address the patient's lumbar radiculopathy and facet syndrome as well as the left wrist de Quervains tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional physical therapy for thoracic spin, for 3 times a week for 2 weeks, outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation ODG), Neck & Upper Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, CA MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.