

Case Number:	CM13-0029552		
Date Assigned:	11/01/2013	Date of Injury:	11/12/2003
Decision Date:	02/21/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/26/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 54-year-old female who reported a work related injury on 01/12/2003, specific mechanism of injury was noted as a fall. The patient presents for treatment of the following diagnoses, bilateral wrist pain and lumbar spine pain. The clinical note dated 08/09/2013 reported the patient presented with complaints of pain to the lumbar spine and bilateral wrists. The patient reported associated numbness of the bilateral feet. The provider documented the patient had decreased grip strength bilaterally. The provider documented the patient had a positive Phalen's, Finkelstein's, and Patrick/Fabere's testing. The provider recommended the patient utilized a course of physical therapy 3 times a week for 4 weeks. The patient presents for treatment of the following diagnoses, right wrist tendonitis, musculoligamentous sprain of the lumbar spine, left De Quervain's disease and left lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back and right wrist (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The current request is not supported. Given the clinical documents submitted for this review, it is unclear when the patient last utilized physical therapy interventions and the efficacy of treatment, as noted by a decreased in rate of pain on a Visual Analog Scale and increase in objective functionality. California Medical Treatment Utilization Schedule indicates to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The patient presents status post a work related injury sustained over 10 years ago. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated. Given all of the above, the request for physical therapy for the low back and right wrist 3 times a week for 4 weeks it not medically necessary or appropriate.

Toradol/B12 injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B.

Decision rationale: The current request is not supported. California MTUS indicates Toradol is not supported for minor or chronic painful conditions. In addition, Official Disability Guidelines report vitamin B is not recommended. The clinical notes documentation the patient has received both injections multiple times over the years for her chronic pain complaints. However, documentation of any significant lasting benefit was not evidenced in the clinical notes reviewed. Therefore, given the above, the request for Toradol/B12 injection is not medically necessary or appropriate.