

Case Number:	CM13-0034817		
Date Assigned:	12/11/2013	Date of Injury:	05/10/2012
Decision Date:	02/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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, 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:

The patient is a 50-year-old female who reported a work-related injury on 5/10/12. The mechanism of injury was not provided. The patient was noted to have severe right wrist pain, numbness, tingling, and weakness. She was complaining of moderate low back pain that was improved with physical therapy. The patient was noted to have tenderness to the paravertebral muscles. The lumbar range of motion was noted to be within normal limits. The patient's diagnoses include lumbar radiculitis and lumbar sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment. It is directed at controlling symptoms such as pain, inflammation, and swelling and can improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 8-10 visits that may be warranted

for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had physical therapy; however, it failed to provide the number of sessions the patient had completed. The clinical documentation indicated that the patient had a normal range of motion of the lumbar spine. There was a lack of documentation of a thorough physical examination and of the patient's remaining functional deficits, both of which are needed to support ongoing treatment. The patient should be well versed in a home exercise program at this point, and the request for 12 sessions exceeds recommended guidelines; therefore, the request is not medically necessary.