

Case Number:	CM13-0068475		
Date Assigned:	01/03/2014	Date of Injury:	01/21/2011
Decision Date:	05/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 30-year-old female with date of injury of 01/21/2011. The listed diagnoses per [REDACTED] dated 09/24/2013 are left wrist strain, cervical strain and radiculitis, left shoulder tendonitis and impingement, left elbow epicondylitis and ulnar neuritis and lumbar strain with right leg radiculitis. According to the report, the patient has continued to work modified duties with no significant exacerbations of her symptoms, and she is currently not needing any braces at this point. On physical examination, the low back is tender at the lumbosacral paraspinals bilaterally with slightly diminished active range of motion. Neurological evaluation is intact. Straight leg raise is negative. The utilization review denied the request on 12/11/2013. The provider is requesting 6 physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR TWO (2) WEEKS FOR THE LUMBAR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, Physical Therapy, page 474.

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

Decision rationale: This patient presents with chronic wrist, neck, shoulder, elbow, and low back pain. The provider is requesting 6 physical therapy sessions for the lumbar spine for the purposes of core strengthening and increasing range of motion. The California MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The review of records do not show any recent or prior physical therapy for the lumbar spine to verify how many treatments and with what results were accomplished. In this case, the patient may benefit from a short course of physical therapy. The requested 6 sessions are within California MTUS Guidelines. Recommendation is for authorization.