

Case Number:	CM14-0001644		
Date Assigned:	04/04/2014	Date of Injury:	10/03/2012
Decision Date:	05/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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. The expert 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 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 47-year-old with an injury date on October 3, 2012. Based on 10/07/13 progress report, the patient's diagnosis are bilateral wrists/hands overuse syndrome, right wrist carpal tunnel syndrome, lumbar sprain/strain with 2-3 mm disc bulge at L5-S1 with left moderate neural foraminal stenosis, per MRI of November 7, 2012. There is a request for 2 physical therapy sessions per week for 4 weeks for the Lumbar spine. On August 28, 2013, "The patient continues to complain of constant pain in both wrists, especially when doing constant lifting, twisting and writing. He uses a wrist brace. He continues to complain of constant low back pain, which is increased with walking, standing or sitting for more than 15 minutes. He received his new lumbar brace and finds it helpful. He uses a heat pad and an ice pack as well." The utilization review determination being challenged on December 23, 2013 recommends denial of the physical therapy. There are no operative reports. Also, there are no progress reports related to physical therapy. According to the denial letter on December 23, 2013, patient had 20 sessions of physical therapy for the lumbar spine in 2012. However, there are no physical therapy sessions noted from April 10, 2013 through October 7, 2013. The review of medical records as of September 27, 2013 states "██████████ has received physical therapy and acupuncture for the lumbar spine, as well as braces and a home exercise program for his bilateral wrists" has indicated acupuncture visits between April 10, 2013 and October 7, 2013. Also, the report from August 28, 2013, it states "He is not attending formal physical therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE, TWICE PER WEEK FOR FOUR WEEKS: Overturned

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

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

Decision rationale: The patient presents with bilateral wrists/hands overuse syndrome, right wrist carpal tunnel syndrome, lumbar sprain/strain with 2-3 mm disc bulge at L5-S1. The request is for physical therapy 8 sessions. Review of the reports show that the patient has had therapy in the past but none in 2013. The patient appears to have had 20 sessions of therapy in 2012 per utilization review report. No therapy notes were provided to verify treatment history and the treater does not summarize therapy history other than to state on August 28, 2013 that the patient was not attending any formal physical therapy. The Chronic Pain Medical Treatment Guidelines support up to 10 sessions for myalgia/myositis, and neuralgia/neuritis type of condition that this patient suffers from. Given the patient's current persistent pain, and the fact that no therapy treatments were provided in the year 2013, the requested 8 sessions of therapy would appear medically reasonable. The request for physical therapy for the lumbar spine, twice per week for four weeks, is medically necessary or appropriate.