

Case Number:	CM14-0001966		
Date Assigned:	01/24/2014	Date of Injury:	12/05/2012
Decision Date:	06/06/2014	UR Denial Date:	12/30/2013
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 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:

Patient is a 54 years old female with injury date of 12/5/2012. Per progress report dated 11/23/2013, patient complained of low back pain radiating to right hip aggravated by prolonged weight-bearing or ambulation. Severity or quality of the pain is not noted. List of diagnosis include: 1. cervical spine radiculopathy, 2. Lumbar spine radiculopathy supported by electrodiagnostic testing and imaging, which also noted disc protrusion and herniation at multiple levels, 3. Bilateral carpal tunnel syndrome, right worse than left, 4. De Quervain's tenosynovitis, 5. trigger finger of right third digit, 6. s/p right thumb trigger finger release. The positive physical examination findings include straight leg raise on the right side for the lumbar spine. Although electrodiagnostic testing and imaging studies are mentioned as positive, the does not describe in his report the actual results of the study. The utilization review letter being challenged is dated 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 ON THE RIGHT HIP: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends 8-10 visits of physical therapy over 4 weeks for the conditions involving neuralgia, neuritis, and radiculitis which is enough to determine whether patient is benefiting from this form of care and further treatment is warranted. In this case, 12 visit of physical therapy for low back pain with radiculitis is excessive as an initial trial is not consistent with MTUS guideline's recommendation. Therefore, the request for physical therapy twice a week for six weeks on the right hip is not medically necessary and appropriate.