

Case Number:	CM14-0102487		
Date Assigned:	07/30/2014	Date of Injury:	07/22/2013
Decision Date:	10/14/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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 Med & Rehab, 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 injured worker is a 33 year old right hand dominant male who sustained work-related injuries on July 22, 2013. On February 14, 2014, he underwent urine drug testing and the results were negative. Per the February 18, 2014 records, the injured worker reported that he still had constant upper back pain since his accident. He also noted numbness of the bilateral shoulders. On March 13, 2014, he underwent an orthopedic agreed medical examination. He complained of constant low back pain aggravated by bending, stooping and lifting which radiated down to the lower extremities. The pain was worse on the right than left. He also complained of right hand pain but stated that the injuries on his fingers have resolved. He reported that he had undergone physical therapy and chiropractic manipulation without mention of the frequency, total number of visits, or efficacy. On examination, nothing was abnormal with the lumbar spine and upper extremities. An x-ray of the right hand and low back revealed nothing abnormal. The most recent progress notes dated May 6, 2014 indicated that the injured worker complained of pain in the lower back and right hand. An objective examination only noted intact light touch sensation in the bilateral mid-anterior thigh, bilateral mid-lateral calf and bilateral lateral ankle. The injured worker is diagnosed with lumbar spine strain and right long finger strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 6 weeks: on the Lumbar Spine, Right Long Finger: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES; LOW BACK, FOREARM/WRIST AND HAND

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

Decision rationale: In order to authorize additional physical therapy sessions, there should be evidence of a significant decrease in pain levels and significant functional improvements. Based on the records received, the injured worker underwent previous physical treatment modalities including physical therapy and chiropractic manipulation. However, there was no evidence of the required gains requisite (e.g. decrease in pain scores). There is no evidence of a flare-up of his pain and symptoms in order to warrant a request for additional treatments. Moreover, it is noted that in the March 2014 agreed medical evaluation report that the injured worker reported his right hand problems were resolved. The most recent objective findings also offered nothing abnormal. Hence, there is absence of the need for additional physical therapy sessions. Thus, the request for physical therapy twice a week for six weeks on the lumbar spine and right long finger is not medically necessary.