

Case Number:	CM14-0105290		
Date Assigned:	07/30/2014	Date of Injury:	01/19/2014
Decision Date:	09/26/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational Medicine 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 claimant was injured on 01/19/14 and physical therapy for 12 visits is under review. Her diagnoses are lumbar sprain/strain and bilateral wrist hand sprain/strain, rule out CTS, and trigger finger on the third finger of the left hand. The claimant has had prior physical therapy but the total number of visits is unknown. On 07/11/14, she saw [REDACTED]. She complained of pain in the low back with radicular pain into the right and left legs. She also had bilateral wrist pain aggravated with repetitive forceful gripping and grasping. She had tightness and spasm with decreased range of motion of the low back and hypoesthesia of the anterolateral aspect of the foot and ankle at L5 and S1 bilaterally. There was weakness of the big toe dorsiflexion and plantar flexion. Reflexes were symmetrical. Left wrist range of motion was fairly good. Right wrist range of motion was mildly decreased. Phalen's test was positive bilaterally for carpal tunnel. Tinel's was also positive bilaterally Lumbar epidural steroid injection was recommended. EMG/NCV was recommended for the upper extremity. Acupuncture was prescribed. She has also attended chiropractic treatment. She saw [REDACTED] for acupuncture on July 17, 2014. She had low back pain with hip pain and bilateral hand and wrist pain with trigger finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY x12 Qty 18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 12 sessions of physiotherapy. The MTUS recommend physical medicine treatment for some chronic conditions and state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. In this case, the claimant's previous course of treatment in PT is unknown, including whether or not she received any sustainable benefit. It is not clear why more PT was ordered instead of proceeding with an independent self-directed home exercise program. She has received other types of treatment, also, and again the benefit to her cannot be ascertained from the records that were submitted. The medical necessity of this request for physiotherapy for 12 additional visits has not been clearly demonstrated.