

Case Number:	CM14-0117249		
Date Assigned:	08/06/2014	Date of Injury:	10/19/2012
Decision Date:	10/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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 & Rehabilitation 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 underlying date of injury in this case is 10/19/2012. The date of the utilization review under appeal is 07/18/2014. A doctor's first report describes an injury when the patient was walking to give a customer food and slipped and suffered an injury to the low back with pain down the left leg and also developed right wrist pain as well as right hand numbness and difficulty sleeping. Current treating physician and physical therapy notes have not been provided pertinent to the time period under review. Physical therapy notes are discussed in an initial physician review, beginning with an initial evaluation of 06/17/2014; those physical therapy notes are not available at this time. An initial physician review states that the patient was diagnosed with a lumbar sprain and strain and a right wrist sprain/strain. That review notes that there was no information provided about a response to previous therapy or the amount of therapy previously performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X Wk. X 6 Wks Lumbar and Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Page:99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist and Hand; Low Back

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

Decision rationale: The MTUS Chronic Pain Guidelines, section on Physical Medicine, page 99, recommends transition to an independent, active home rehabilitation program. Given the chronicity of this injury, this patient would be anticipated to have previously transitioned to such an independent home rehabilitation program regarding soft tissue injuries to the low back and wrist. The medical records at this time are limited and appear to be incomplete; these records do not provide a rationale for additional supervised physical therapy. This request is not medically necessary.