

Case Number:	CM14-0125644		
Date Assigned:	08/11/2014	Date of Injury:	12/17/2002
Decision Date:	12/26/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 12/17/2002. The date of the utilization review under appeal is 07/25/2014. The patient's diagnoses include lumbar disc protrusion status post laminectomy with residual pain, right lateral epicondylitis, right wrist tendinitis, hypertension, stress, and anxiety. On 10/24/2014, the patient was seen in orthopedic followup. The patient was noted to have persistent pain in the lumbar spine, right shoulder, right elbow, and bilateral wrists and hands. The pain was better with medication and improved with Motrin. The treating physician recommended continued pain management and also noted authorization was pending for chiropractic, acupuncture, and Kera-Tek analgesic gel. Previously on 07/02/2014, the treating physician noted that the patient was to continue physical therapy to the cervical spine and lumbar spine in order to increase his functionality and decrease pain. The physician recommended an additional short course of physical therapy at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommend transition to an independent active home rehabilitation program. This is a chronic case in which transition to such an independent home rehabilitation program would have been anticipated long ago. The records do not provide a rationale or indication or goals instead to support additional supervised physical therapy as has been requested. This request is not medically necessary.