

Case Number:	CM14-0164899		
Date Assigned:	10/09/2014	Date of Injury:	09/26/2013
Decision Date:	11/28/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 injured worker is a 45-year-old male who sustained an injury on September 26, 2013. He is diagnosed with tendinitis, right elbow, with calcification or spur formation on the coronoid process of the olecranon; medial epicondylitis, with mild cubital tunnel syndrome, right elbow; thoracic spine sprain and strain with possible internal derangement; lumbar spine sprain and strain with possible associated discopathy; and clinical right lower extremity radiculopathy. The medical records were reviewed. He was seen for an evaluation on July 15, 2014. He had complaints of ongoing pain in the mid and lower back radiating to the right ribs and down the right leg, with numbness and tingling sensation in the right leg. Inspection of the thoracolumbar spine was unremarkable. Examination of the thoracolumbar spine revealed significant tenderness over the paraspinous region and right interscapular region, with spasms present. Range of motion of the thoracic spine was limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for three weeks for the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Physical Medicine Treatment

Decision rationale: The request for six sessions of physical therapy to the thoracic and lumbar spine is not medically necessary at this time. It has been determined from the reviewed medical records that the injured worker already underwent 25 sessions of physical therapy to the thoracolumbar area, which is already beyond the recommended number of the sessions by the guidelines. More so, current clinical findings of the injured worker are not significant enough to warrant further sessions of therapy and may as well be addressed through a home exercise program. Therefore, this request is not medically necessary.