

Case Number:	CM14-0024299		
Date Assigned:	06/13/2014	Date of Injury:	02/25/2012
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopaedic Surgery 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 57 year old female who reported an injury on 02/25/2012 due to continuous trauma. The injured worker complained of lower back pain, upper back pain and neck pain. No measurable pain noted. Physical examination revealed that cervical, lumbar, thoracic spine and lumbosacral spine with active and passive range of motion were full ranged with well-preserved muscle bulk, joint contours and coordination. No evidence of objective ranges to measure whether there were any functional deficits. The injured worker showed a deep tendon reflex of 2+ and strength was a 5/5. The injured worker has diagnoses of illiolumbar strain, lumbosacral strain, myofascial strain, thoracic spine strain and cervical strain. The injured workers medications include Nabumetone 750mg 1 tablet every 12 hours PRN, Omeprazole 20 mg at bed time, Naprosyn 500mg 1 tablet every 12 hours, Tizanidine 4mg at bed time and Prilosec 20mg at bed time. The injured worker had completed 6 sessions of physical therapy. Physical findings showed improved motion in entire spine, much less excessive tension.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY VISITS FOR BILATERAL WRISTS: 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 Page(s): 98-99.

Decision rationale: The request for physical therapy visits for bilateral wrists is not medically necessary. The injured worker complained of lower back pain, upper back pain and neck pain. No measurable pain noted. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. MTUS guidelines are as followed: 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 Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. There were no initial or interim evaluations to determine the injured workers progress and no documentation of the injured workers compliance with therapy or with her home exercise program. Furthermore, the request is for bilateral wrists. There are no indications as to injury to the wrist. All evidence points to her pain being in her lower back, upper back and neck. Also the request does not specify the amount of sessions of physical therapy needed for the injured worker. As such, the request for physical therapy visits for bilateral wrists is not medically necessary.