

Case Number:	CM14-0024949		
Date Assigned:	06/11/2014	Date of Injury:	10/23/2012
Decision Date:	07/29/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 28-year-old female with a reported injury on 01/04/2008. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/07/2014 reported that the injured worker complained of low back pain with spasms and radiating symptoms to the right wrist, which include tingling and numbness. The physical examination of the lower back revealed positive spasms at the lumbar region, tenderness to the lumbar paraspinal muscles in the spinous process was noted. The injured worker had a positive straight leg test at 60 degrees to the right and 80 degrees to the left. The examination of the right wrist revealed mild tenderness and swelling over the first and second metacarpals. The injured worker diagnoses included instability to knee, carpal ulnar nerve injury, contusion to (unspecified) wrist, disc disorder, and lumbar sprain. The injured worker's prescribed medication list was not provided within the clinical notes. The provider requested 12 sessions of physical therapy. The rationale was noted to increase flexibility, range of motion, and strength. The Request for Authorization was submitted on 02/24/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS FOR THE RIGHT WRIST AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition Chapter: Forearm, Wrist & Hand; Carpal Tunnel Syndrome, Low Back-Lumbar & Thoracic.

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

Decision rationale: The injured worker complained of low back and right wrist pain. The treating physician's rationale for physical therapy is for increased flexibility, range of motion, and strength. The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. Moreover, the request for 12 sessions of physical therapy exceeds the guidelines' recommendation of 8 to 10 initial physical therapy sessions. Given the information provided, there is insufficient evidence to determine appropriateness of physical therapy to warrant medical necessity; therefore, the request is not medically necessary.