

Case Number:	CM14-0028824		
Date Assigned:	06/30/2014	Date of Injury:	12/27/2012
Decision Date:	09/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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 Nevada. 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 records presented for review indicate that this 44-year-old male was reportedly injured on December 27, 2012. The mechanism of injury is listed as cumulative trauma. The most recent progress note, dated December 30, 2013, indicates that there are ongoing complaints of low back pain and left hand/wrist pain. The physical examination demonstrated diffuse tenderness at the bilateral wrists with a positive Tinel's sign. There was increased muscle tone and tenderness at the lumbar paraspinal muscles with muscle spasms. Decreased lumbar spine range of motion was noted as well as decreased sensation in the left L5 and S1 dermatomes. Diagnostic imaging studies of the lumbar spine indicate disc protrusions and facet arthropathy at L4 - L5 and L5 - S1. There was also a mild amount of edema at the level of L2 - L3. Previous treatment includes physical therapy, chiropractic care, and acupuncture. A request had been made for physical therapy twice a week for four weeks for the back and was not certified in the pre-authorization process on February 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 to back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy/ MTUS Chronic Pain, Physical Medicine Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 288.

Decision rationale: According to the American College of Occupational and Environmental Medicine 1 to 2 visits for education, counseling, and evaluation of home exercise is all that is indicated for physical therapy for the back. The attached medical record indicates that the injured employee has previously participated in physical therapy for the back. Considering this, this request for physical therapy for the back twice week for four weeks is not medically necessary.