

Case Number:	CM14-0040686		
Date Assigned:	06/27/2014	Date of Injury:	07/03/2013
Decision Date:	08/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 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:

This case involves a 39 year old male who was reportedly injured on July 3, 2013. The mechanism of injury is noted as a fall. The most recent progress notes dated March 24, 2014, indicated that there were ongoing complaints of right elbow pain, numbness and tingling in the fingers and hands, and muscle spasm. In addition, he complained of low back and right leg pain. The physical examination demonstrated tenderness at the lateral aspect of the right elbow, full range of motion, and a positive right elbow cubital tunnel Tinel's test. Additionally, the upper extremity neurological examination was normal. The examination of the lumbar spine noted tenderness along the lumbar paraspinal muscles and normal range of motion. The examination of the right lower extremity noted a well-healed scar at the anterior tibia with tenderness at the site. There was bilateral slightly decreased sensation at the L4, L5, and S1 dermatomes. There was a recommendation for an orthopedic surgeon to evaluate the right elbow and to continue physical therapy for all affected body parts. Diagnostic imaging studies were not commented on. Previous treatment includes physical therapy. A request for additional eight physical therapy visits for the lumbar spine was non-certified on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy visits for the lumbar spine: Upheld

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

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

Decision rationale: According to the attached medical record the injured employee has previously participated in physical therapy for an unknown number visits and has unknown efficacy. In order to justify an additional eight visits of physical therapy for the lumbar spine it must be established what type of benefit the injured worker previously had with this treatment. Therefore, this request for eight visits of physical therapy for the lumbar spine is not medically necessary.