

Case Number:	CM14-0087033		
Date Assigned:	07/23/2014	Date of Injury:	03/04/2014
Decision Date:	09/08/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 32 year old male teacher who was injured on 03/04/14 when he slipped and fell. The records indicate that initial evaluation was performed on 03/05/14 and the injured worker was diagnosed with a left thumb and wrist sprain; contusion of the left knee; cervical strain; and lumbar strain. Medications included Naproxen and Hydrocodone. Per progress report dated 06/03/14, the injured worker stated he was prescribed physical therapy in which he noted limited success. The magnetic resonance image (MRI) of the lumbar spine dated 04/29/14 revealed multilevel discogenic disease; a 7mm right lateral disc protrusion at L5-S1 protruding into the right neural foramen contacting the descending right S1 nerve root and the exiting right L5 nerve root; and 3mm disc protrusion at L2-3, L3-4, and L4-5. The injured worker was prescribed a thumb spica splint. Per the evaluation on 05/07/14, the injured worker reported comfort with splint and verbalized understanding of precautions/care/wear schedule. The injured worker was released to return to work modified duty as of 03/31/14. He most recently was seen on 08/07/14 with chief complaint of back pain and leg pain and continues to remain off work. He is not taking any medications and is doing a home exercise program. The examination of the injured worker revealed he is 6'1" tall and 268 pounds. Gait was normal and the injured worker was able to get on heels and toes without difficulty. There was no tenderness to palpation and no spasm in the lumbosacral spine. The straight leg raise was negative and muscle strength was 5/5 in the lower extremities except 4/5 dorsiflexion of left great toe. Deep tendon reflexes were 2+ at the bilateral knees and 0+ bilateral ankles and sensation was intact. No examination of the left upper extremity was performed, other than to note that he has a brace on the left thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical therapy 3x4 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): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy (PT).

Decision rationale: The injured worker is noted to have sustained a lumbar sprain/strain injury on 03/04/14. The records reflect that he was prescribed physical therapy, and the injured worker reported that he had limited success in response. Most recent examination reported weakness of left great toe dorsiflexion which does not correlate with lumbar magnetic resonance image which showed a right lateral disc protrusion. On previous review it was noted that no physical therapy daily progress notes available for review with documentation of functional improvement that would support the need for additional physical therapy. Based on the clinical information provided, noting that there is no comprehensive history of the total number of physical therapy visits completed, modalities used, and response to treatment with objective evidence of significant functional improvement, the request for outpatient physical therapy 3x4 for the lumbar spine is not recommended as medically necessary.

Outpatient Physical therapy 3x4 for the left thumb: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand, Physical/ Occupational therapy.

Decision rationale: The injured worker is noted to have sustained a lumbar sprain/strain injury on 03/04/14. The records reflect that he was prescribed physical therapy, and the injured worker reported that he had limited success in response to therapy. On previous review it was noted that no physical therapy daily progress notes available for review with documentation of functional improvement that would support the need for additional physical therapy. Based on the clinical information provided, noting that there is no comprehensive history of the total number of physical therapy visits completed, modalities used, and response to treatment with objective evidence of significant functional improvement, the request for outpatient physical therapy 3x4 for the left thumb is not recommended as medically necessary.