

Case Number:	CM14-0198032		
Date Assigned:	12/08/2014	Date of Injury:	08/11/2014
Decision Date:	01/20/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 (IW) is a 42-year-old man with a date of injury of August 11, 2014. The mechanism of injury was a fall with acute onset of low back pain, bilateral elbow pain, left wrist pain, left 3rd, 4th, and 5th finger pain, and left knee pain. The current diagnoses are contusion of bilateral elbow; contusion of left wrist; contusion of left hand; lumbar sprain; and sprain left wrist. Pursuant to a progress note dated August 26, 2014, the IW reports that low back pain is 60% improved without radicular pain. The right elbow pain is resolved. Left knee pain has improved slightly. He complains of worsening left elbow pain and swelling without fever. Physical therapy (PT) notes on August 22, 2014 note the IW reports left elbow, wrist and lumbar pain. He feels like PT is not helping. His pain levels are 5-7/10 and unchanged. PT notes on August 26, 2014 note the IW reports the lumbar spine is better today at 3/10, wrist remains 7/10. He feels like PT is helping. Objective therapy notes report that the IW is progressing slower than expected. According to the PT note dated August 27, 2014, the IW reports no changes. He feels like PT is not helping. His pain level is 7/10. The IW is not progressing. The IW is working modified duty as of August 14, 2014. The current request is for retrospective review for dates of service (DOS): 8/22/14, 8/26/14, 8/27/14, 8/29/14, and 9/3/14 for additional outpatient physical therapy for a total of five (5) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective physical therapy (PT), DOS: 8/22, 8/26, 8/27, 8/29, 9/3/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective physical therapy, date of service August 22, 2014, August 26, 2014, August 27, 2014, August 29, 2014, and September 3, 2014 are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The guidelines enumerated frequency and duration according to the injured worker's injury and body part being treated. In this case, physical therapy was provided on August 15, 2014. The diagnosis was lumbar strain. The documentation did not contain authorizations for August 15, 2014, August 19, 2014 and August 20, 2014 visits. Moreover, additional physical therapy was rendered on August 22, 2014, August 26, 2014, August 27, 2014, August 29, 2014 and September 3, 2014. The guidelines indicate a six visit clinical trial is required to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. The treating physician completed 8 physical therapy sessions with varying degrees of improvement. Consequently, absent the appropriate formal assessment after a six visit clinical trial, retrospective physical therapy dates of service August 22, 2014, August 26, 2014, August 27, 2014, August 29, 2014, and September 3, 2014 are not medically necessary.