

Case Number:	CM15-0105962		
Date Assigned:	06/10/2015	Date of Injury:	03/11/2015
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old male, who sustained an industrial injury on March 11, 2015 while working as a welder. The injury occurred because of his usual and customary duties. The injured worker has been treated for low back and right wrist and hand complaints. The diagnoses have included lumbar sprain/strain, lumbar radiculopathy, right wrist/hand sprain/strain, right inguinal pain, cephalgia, anxiety, panic disorder, insomnia and major depressive disorder. Treatment to date has included medications, radiological studies, electro diagnostic studies, physical therapy, cognitive behavior therapy, chiropractic treatments, psychological evaluation and a neurological evaluation. Current documentation dated April 27, 2015 notes that the injured worker reported ongoing low back pain, right knee pain and right hand and right wrist pain with associated numbness and tingling. The treating physician's plan of care included a request for physical physiotherapy three times for the lumbar spine, right wrist and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical physio therapy times 6 for the lumbar spine, right wrist and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The claimant sustained a work injury in March 2015 and continues to be treated for right knee, low back, and right upper extremity pain. Treatments have included physical therapy, medications, chiropractic care, and cognitive behavioral therapy. When seen, he was having ongoing symptoms. There was right wrist and hand pain with numbness and tingling. Case note reference completion of 12 physical therapy sessions. In this case, the claimant has recently had physical therapy. The number of visits requested is in excess of what would be expected to establish or revise the claimant's home exercise program and does not reflect a fading of treatment frequency. The request is not medically necessary.