

Case Number:	CM15-0130799		
Date Assigned:	07/17/2015	Date of Injury:	02/05/2015
Decision Date:	08/13/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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 55 year old female who sustained an industrial fall injury on 02/05/2015 when she stepped on a small ball; fell forward on her knee hitting her right arm and nose. There was no loss of consciousness. Initial X-rays demonstrated no acute pathology. The injured worker was diagnosed with head contusion, right wrist sprain with small ganglion, lumbar disc protrusion, right foot plantar fasciitis, and right ankle sprain. No surgical interventions were undertaken. Treatment to date has included diagnostic testing, physical therapy, ankle brace, cane and medications. According to the primary treating physician's progress report on June 18, 2015, the injured worker continues to experience low back pain mostly on the right with numbness and tingling of the anterior lateral right thigh. She is currently attending physical therapy which is helpful. The injured worker also reports headaches (pressure). Examination noted tenderness of the right paralumbar with weakness noted with flexion of the right foot. Current medications are listed as Tramadol ER, Naproxen and Prilosec. Treatment plan consists of Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the lower extremity, lumbar magnetic resonance imaging (MRI), neuro consultation, podiatry consultation, stop Naproxen, continue with Prilosec and the current retrospective request for physical therapy twice a week for 4 weeks for the right wrist, lumbar spine, ankle and foot (DOS: 5/12/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective physical therapy 2x4 right wrist, lumbar spine, ankle and foot with a dos of 5/12/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in February 2015 and continues to be treated for low back pain and right upper extremity and lower extremity pain. She attended three chiropractic treatments and six physical therapy sessions. When seen, there was a right wrist ganglion cyst and slight right lumbar and sacroiliac joint tenderness. Seated straight leg raising was slightly positive. There was a normal neurological examination and normal examination of the right ankle. A subsequent evaluation references improvement, but only during therapy treatments. The claimant is being treated for a lumbar sprain with radicular symptoms and a right wrist ganglion cyst. For her wrist condition, guidelines recommend up to 9 visits over 8 weeks and up to 10 visits over 8 weeks for the low back. In this case, the claimant has already had physical therapy. The additional therapy being requested does not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments, which appears likely in this case. The request is not medically necessary.