

Case Number:	CM15-0133953		
Date Assigned:	07/22/2015	Date of Injury:	06/22/2012
Decision Date:	09/03/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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: California
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 6-22-2012, after a slip and fall. Multiple occupational injuries were noted. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar spondylosis, and lumbar radiculopathy. Treatment to date has included diagnostics, medications, chiropractic, physical therapy, home exercise, pain management, and occupational therapy. Many documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of low back pain with radiation to the right leg and left thumb burning sensations. She reported getting better with physical therapy and was advised to wear thumb braces. Exam noted and abnormal gait and paravertebral tenderness in the lumbar spine. Straight leg raise was positive on the right, seated and supine. Left thumb based joint pain was noted, along with tenderness of the thenar eminence. Current medication regimen was not noted. The treatment plan included additional physical therapy for the lumbar spine and additional occupational therapy for the left hand, 3x6. Work status was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The injured worker has undergone prior physical therapy treatments and in the absence of an exacerbation or re- injury, the request for additional physical therapy treatments is not supported. The medical records do not establish that the injured worker is unable to perform an independent home exercise program. In addition, the request for 18 sessions exceeds the amount of therapy recommended by the MTUS guidelines. The request for physical therapy 3 times a week for 6 weeks for lumbar is not medically necessary and appropriate.

Occupational therapy 3 times a weeks for 6 weeks left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The injured worker has undergone prior occupational therapy treatments and in the absence of an exacerbation or re- injury, the request for additional occupational therapy treatments is not supported. The medical records do not establish that the injured worker is unable to perform an

independent home exercise program. In addition, the request for 18 sessions exceeds the amount of therapy recommended by the MTUS guidelines. The request for Occupational therapy 3 times a weeks for 6 weeks left hand is not medically necessary and appropriate.