

Case Number:	CM15-0135179		
Date Assigned:	07/23/2015	Date of Injury:	09/26/2012
Decision Date:	08/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 22 year old female with an industrial injury dated 09/26/2012. The injured worker's diagnoses include congenital spondylolisthesis, sprain/strain of wrist unspecified and lumbago. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 06/04/2015, the injured worker presented for follow up of the lumbar spine and right wrist. The injured worker reported worsening lumbar spine pain with pain level range from 4-9/10. The injured worker also reported that the right wrist remains unchanged with pain radiating to forearm. The injured worker right wrist pain level range from 3-7/10 objective findings revealed n/v the same and triggers the same. The treating physician reported that the injured worker declined epidural steroid injection (ESI) and surgery and only wants physical therapy. The treating physician prescribed services for additional physical therapy 3 x 3 work hardening lumbar spine and right wrist now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Conditioning, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, Low Back and Forearm, Wrist and Hand section.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy three times per week times three weeks is 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. In this case, the injured worker's working diagnoses are congenital spondylosis; lumbago; and sprain strain of wrist. The date of injury is September 26, 2012. The request for authorization is dated June 24, 2015. According to a progress note dated March 12, 2015, the injured worker subjectively presented for follow-up of lumbar spine pain. There is pain in the right wrist, but denied by the employer. A qualified medical examination (QME) was referenced in the progress note but the documentation from the QME was not the medical record. The most recent progress note in the medical record subjectively states low back pain 4-9/10 and right wrist pain 3-7/10. Objectively, the documentation states NV same and triggers same. The utilization review states the injured worker received 24 physical therapy sessions. There is no physical therapy documentation in the medical record. There is no indication the 24 physical therapy sessions resulted in an improvement followed by a plateau with evidence of no likely benefit from continuation of this previous treatment. There are no compelling clinical facts in the medical records indicating additional physical therapy is warranted. Consequently, absent clinical documentation demonstrating objective functional improvement with prior physical therapy (UR - 24 sessions), compelling clinical facts indicating additional physical therapy is warranted and insufficient objective clinical findings on physical examination, additional physical therapy three times per week times three weeks is not medically necessary.

Work Hardening Lumbar Spine and Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Work Hardening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work hardening lumbar spine and right wrist is not medically necessary. Work hardening/conditioning is recommended as an option for treatment of chronic pain syndromes depending upon availability of quality programs. The criteria for admission to a work hardening program include, but are not limited to, screening documentation; diagnostic interview

with a mental health provider; job demands; functional capacity evaluations; previous physical therapy; rule out surgery; other contraindications; a return to work plan; drug problems; program documentation; supervision; a trial (of no longer than 1 to 2 weeks) without evidence of patient compliance and demonstrated significant gains; concurrently working; etc. In this case, the injured workers working diagnoses are congenital spondylosis; lumbago; and sprain strain of wrist. The date of injury is September 26, 2012. The request for authorization is dated June 24, 2015. According to a progress note dated March 12, 2015, the injured worker subjectively presented for follow-up of lumbar spine pain. There is pain in the right wrist, but denied by the employer. A qualified medical examination (QME) was referenced in the progress note but the documentation from the QME was not the medical record. The most recent progress note in the medical record subjectively states there is low back pain 4-9/10 and right wrist pain 3-7/10. Objectively, the documentation states NV same and triggers same. The utilization review states the injured worker received 24 physical therapy sessions. There is no physical therapy documentation in the medical record. There is no indication the 24 physical therapy sessions resulted in an improvement followed by a plateau with evidence of no likely benefit from continuation of this previous treatment. There is no specific defined return to work job or goal documented in the medical record. There is no mental health evaluation documented in the medical record. There was no functional capacity evaluation in the record. There is no timeframe (estimated or specific) placed on the work hardening. Consequently, absent clinical documentation reflecting physical therapy resulted in an improvement followed by a plateau, a functional capacity evaluation, no specific defined return to work job or goal, no mental health evaluation and no timeframe placed on the work hardening program, work hardening lumbar spine and right wrist is not medically necessary.