

Case Number:	CM15-0143508		
Date Assigned:	08/20/2015	Date of Injury:	04/20/2015
Decision Date:	09/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/23/2015

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 29-year-old male who sustained a work related injury April 20, 2015. According to a treating physician's initial evaluation, dated June 17, 2015, the injured worker presented with complaints of pain and stiffness in the back, right wrist, left knee with neurological symptoms in the right hand and left lower extremity. Objective findings included; decreased lumbar lordosis weak core strength; tightness of bilateral hip, hamstrings, and quadriceps; lumbar spine-flexion and extension 50%, side bending left and right 75%, and rotation left and right 75%, Slump test, straight leg raise, and prone knee bending, are positive with pain left and right; wrist Tinel's sign negative right and left and Phalen's test positive on the right with pain and negative on the left. Diagnoses are carpal tunnel syndrome; lumbar radiculopathy; patellofemoral syndrome; disorders of the sacrum. Treatment plan included electro diagnostic studies(authorized), recommended regular home exercise and stretching seven days a week, and at issue, a request for authorization for physical therapy and a soft supporting lumbar brace/LSO back support (for use while driving and performing any flexion/extension activities involving the lower back-not recommended on a constant basis).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times four for the lumbar spine: Overturned

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) Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a cumulative trauma work-related injury with date of injury in April 2015 and is being treated for low back pain with lower extremity radiating symptoms, bilateral wrist and hand pain, and left hip and knee pain. When seen, he had some physical therapy, but not on an industrial basis. Physical examination findings included a BMI of over 37. There was cervical and lumbar tenderness with positive cervical facet loading. There was lumbar facet and left sciatic notch tenderness. There was left knee tenderness and pain with range of motion. There was left wrist tenderness and right Phalen and Tinel tests were positive. Physical therapy was requested to include instruction in a home exercise program and stretching. When managed medically, guidelines recommend up to 12-therapy treatment sessions over 8 weeks for the claimant's low back condition. In this case, the number of treated being requested is within the guideline recommendation and consistent with the therapeutic content being requested. It was medically necessary.

Soft supporting lumbar brace/LSO back support (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant sustained a cumulative trauma work-related injury with date of injury in April 2015 and is being treated for low back pain with lower extremity radiating symptoms, bilateral wrist and hand pain, and left hip and knee pain. When seen, he had some physical therapy, but not on an industrial basis. Physical examination findings included a BMI of over 37. There was cervical and lumbar tenderness with positive cervical facet loading. There was lumbar facet and left sciatic notch tenderness. There was left knee tenderness and pain with range of motion. There was left wrist tenderness and right Phalen and Tinel tests were positive. Physical therapy was requested to include instruction in a home exercise program and stretching. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.

