

Case Number:	CM15-0166913		
Date Assigned:	09/04/2015	Date of Injury:	12/07/2011
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/25/2015

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 39 year old male who sustained an industrial injury on 12-7-2011. Medical records indicates that the injured worker is being treated for cervical radiculopathy, cervical strain sprain, thoracic sprain strain, lumbar myofasciitis, lumbar sprain strain, right carpal sprain strain, right wrist tenosynovitis, left carpal tunnel syndrome, and left wrist sprain strain. Medical records dated 7-14-2015 note cervical spine pain, thoracic spine pain, lumbar spine pain, right wrist pain, and left wrist pain. Physical examination noted tenderness to the thoracic spine. There was tenderness to the lumbar spine with decreased range of motion. There was tenderness to the cervical spine with decreased range of motion. There was tenderness of the right wrist and left wrist. Range of motion was the same since the last visit dated 6-16-2015. Treatment has included topical medications and chiropractic treatment. The treatment plan included physical therapy. Utilization review dated 8-4-2015 non-certified 6 visit of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2011 and continues to be treated for and bilateral aching of the wrists. In December 2014 continued chiropractic treatments were being requested. Continuation of physical therapy has been requested since at least April 2015 and there is a therapy progress note dated 07/02/15 and 07/31/15 with pain rated at 5-6/10. When seen, there was decreased lumbar and right wrist range of motion. There was tenderness with muscle spasms throughout the spine. Spurling's testing was positive. Right Tinel's, Phalen's, and carpal compression tests were positive. Continued physical therapy is being requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, there is no evidence of a formal reassessment with the treatments already provided and the number of total treatments is unknown. The request is not medically necessary.