

Case Number:	CM15-0186405		
Date Assigned:	09/28/2015	Date of Injury:	06/26/2015
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/22/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35-year-old female sustained an industrial injury on 6-26-15. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain and wrist sprain and strain. Previous treatment included physical therapy, back brace, home exercise and medications. In a physical therapy evaluation dated 6-30-15, the injured worker complained of back, bilateral hands and right leg pain, rated 9 out of 10 on the visual analog scale. Physical exam was remarkable for pain at the paravertebral lumbosacral are with radiation to the right lower extremity, at the right sciatic notch and both wrists with lumbar spine range of motion: flexion 60 degrees, extension, bilateral rotation and bilateral lateral flexion 10 degrees, 3 out of 5 strength and positive crossover straight leg raise and bilateral straight leg raise and bilateral wrists with 4 out of 5 strength and range of motion within normal limits. In a PR-2 dated 8-7-15, the injured worker complained of back and leg pain, rated 6 out of 10 and bilateral hand pain rated 8 out of 10. Physical exam was remarkable for right wrist with tenderness to palpation and swelling, positive Finkelstein's test, "decreased" grip strength, flexion 60 degrees, extension 50 degrees and ulnar and radial deviation 10 degrees. Documentation did not include objective findings regarding the left wrist or back. The treatment plan included physical therapy three times a week for two weeks. On 8-21-15, Utilization Review non-certified a request for additional physical therapy, three times a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 3 times a week for 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents on 08/07/15 with lower back pain rated 6/10, right leg pain rated 6/10, and bilateral hand pain rated 8/10. The patient's date of injury is 06/26/15. The request is for additional physical therapy, 3 times a week for 2 weeks. The RFA was not provided. Physical examination dated 08/07/15 reveals tenderness to palpation and swelling of the dorsal and radial aspects of the bilateral wrists, positive Finklestein's test bilaterally, with decreased wrist range of motion and grip strength noted bilaterally. The patient is currently prescribed Ibuprofen, and Cyclobenzaprine. Patient's current work status is not provided. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for a 6 physical therapy sessions for this patient's lower back pain and bilateral upper extremity pain, the request is appropriate. A careful review of the documentation provided reveals that this patient has undergone 4 physical therapy sessions directed at her wrist and lower back complaint to date, with dates of service 06/30/15, 07/02/15, 07/07/15, and 07/24/15 and she does report some reduction in her lower back/wrist pain symptoms and improved function. MTUS guidelines support up to 10 visits for lower back complaints. The requested 6 treatments, in addition to the four already approved and completed falls within MTUS guidelines and is an appropriate measure. Given the statements of efficacy, and the total number of sessions in accordance with MTUS guidelines, an additional six visits could produce benefits for this patient. Therefore, the request is medically necessary.