

Case Number:	CM15-0188021		
Date Assigned:	10/01/2015	Date of Injury:	03/20/2012
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old female who sustained an industrial injury on 3-20-12. Diagnoses are noted as left wrist malunion left distal radius, left wrist nonunion left ulnar shaft osteotomy with plate retention, and lumbar spine sprain-strain with probable disc bulge and bilateral lower extremity radiculopathy. Previous treatment includes medication and MRI lumbar spine 11-19-14. A 5-18-15 progress report notes a request for authorization to treat the low back. In a progress report dated 8-31-15, the physician notes she has ongoing pain and spasm to her low back as well as pain and numbness running down her bilateral lower extremities, more significant to the right. Exam of the lumbar spine reveals spasm about the lower lumbar region, increased to the right side, paraspinal tenderness on palpation, positive Lasegue's test bilaterally and complaint of increased pain with motion. Lumbar spine range of motion is reported in degrees as flexion 40, extension 15, and lateral bend to the right and left 20. Decreased sensation to bilateral posterior thighs and legs is noted. The treatment plan is physical therapy to include ultrasound, massage, therapeutic exercise and decompression 3 times a week for 4 weeks for the lumbar spine, referral for surgical consult of left wrist forearm, continue medications, and continue left forearm wrist brace. Work status is noted as unable to work. A request for authorization is dated 9-3-15. The requested treatment of physical therapy for the lumbar spine, 12 sessions, was denied on 9-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Physical therapy for the lumbar spine, 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior low back PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior lumbar PT. Without clarification of this information and the fact that 12 sessions exceeds the recommended 10 sessions for this condition the request for physical therapy for the lumbar spine is not medically necessary.