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| Case Number: | CM15-0201914 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 09/14/2011 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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 59 year old male, who sustained an industrial injury on 9-14-11. Current diagnoses or physician impression includes lumbar spine musculoligamentous sprain-strain with radiculitis, lumbar spine disc herniation, bilateral wrist sprain-strain, bilateral wrist carpal tunnel syndrome and bilateral wrist chronic overuse syndrome. His work status is temporary total disability. Notes dated 7-8-15 and 8-19-15 reveals the injured worker presented with complaints of bilateral wrist pain and low back pain rated at 5-7 out of 10. Physical examinations dated 7-8-15 and 8-19-15 revealed grade II to III tenderness to palpation over the paraspinal muscles, restricted range of motion and bilateral positive straight leg raise. There is bilateral wrist grade II tenderness to palpation and positive Tinel's sign and Phalen's test. Treatment to date has included physical therapy (4 sessions), which helps to decrease his pain and tenderness per physician note dated 8-19-15 and medication. Diagnostic studies include electrodiagnostic studies. A request for authorization dated 8-19-15 for continued physical therapy for the lumbar spine and bilateral wrists 2 times a week for 4 weeks is non-certified, per Utilization Review letter dated 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy for lumbar spine, bilateral wrists 2 times a week for 4 weeks (8):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continue physical therapy lumbar spine, bilateral wrist two times a week for four weeks (#8) 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bilateral wrist sprain strain; bilateral wrist carpal tunnel syndrome; and bilateral wrist chronic overuse syndrome. The date of injury is September 14, 2011. Request for authorization is September 15, 2015. According to an August 19, 2015 progress note, the injured worker has pain and numbness in the bilateral wrists. There are no lumbar spine or low back complaints. Objectively, there is grade 2 tenderness to palpation. There are no new neurovascular complaints at the wrist. There are no objective findings of the lumbar spine. The injured worker completed nine physical therapy sessions. There is no clinical indication or rationale for additional physical therapy lumbar spine. As noted above, there are no subjective or objective lumbar spine complaints. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of subjective or objective clinical findings referable to low back and no compelling clinical facts indicating additional physical therapy is clinically indicated, continue physical therapy lumbar spine, bilateral wrist two times a week for four weeks (#8) is not medically necessary.