

Case Number:	CM15-0030500		
Date Assigned:	02/24/2015	Date of Injury:	02/24/2014
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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, Arizona

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:

The injured worker is a 41-year-old male who reported an injury on 02/24/2014. The mechanism of injury involved repetitive activity. The current diagnoses include status post 11/04/2014 left carpal tunnel release, status post 07/15/2014 right carpal tunnel release, chronic bilateral shoulder pain with labral tear, chronic low back pain with degenerative disc disease, and right trigger thumb. On 12/19/2014, the injured worker presented for a follow-up evaluation with complaints of low back pain particularly on the right side. It was noted that the injured worker had received treatment for the low back as part of physical therapy. Upon examination, there was full range of motion of the wrist and hands bilaterally. There was difficulty with flexion and extension of the thumb where there was evidence of triggering. Recommendations included physical therapy twice per week for 4 weeks for the bilateral hands and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the lumbar spine, bilateral hands and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no comprehensive physical examination of the lumbar spine or the left ankle. The medical necessity for additional treatment has not been established, as there was no evidence of significant improvement with previous treatment. Given the above, the request is not medically appropriate.