

Case Number:	CM15-0036611		
Date Assigned:	03/05/2015	Date of Injury:	06/30/2014
Decision Date:	04/16/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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:

The injured worker is a 28-year-old male who sustained an industrial injury on 6/30/14. He is currently complaining of low back pain with pain radiating to left leg when he lifts heavy object; left hand pain. Medications include Naproxen, Lidopro Topical Cream, Voltaren, Flexaril. Diagnoses include lumbar strain; left hand sprain/ strain. Treatments to date include medications, physical therapy to lumbar spine with no improvement after 6 treatments, transcutaneous electrical nerve stimulator unit. Diagnostics include MRI lumbar spine (11/6/14). In the progress note dated 1/26/15 the treating provider recommended physical therapy for the left hand sprain/ strain. On 2/6/15 Utilization Review non-certified the request for 12 Physical Therapy sessions for the left hand citing MTUS: Chronic Pain Medical Treatment Guidelines: Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy session for the left hand: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his left hand, lower back and lower extremity. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT HAND. The patient has had physical therapy in the past. The 10/14/14 physical therapy report is provided for the view. Work status is unknown. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the patient recently had 6 sessions of physical therapy for the lower back with no improvement. Prior therapy appears to have failed. The treater does not explain why additional therapy will be beneficial for the hand. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 12 sessions combined with 6 already received would exceed what is allowed per MTUS for this kind of condition. The request of physical therapy IS NOT medically necessary.