

Case Number:	CM15-0082235		
Date Assigned:	05/04/2015	Date of Injury:	02/12/2014
Decision Date:	06/03/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male, who sustained an industrial injury on 02/12/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having thoracic/lumbar spine sprain/strain, status post left elbow lateral epicondyle debridement, and left wrist sprain/strain, tendonitis, and carpal tunnel syndrome. Treatment to date has included physical therapy and medication regimen. In a progress note dated 03/25/2015 the treating physician reports left elbow lateral swelling with tenderness to palpation to the lateral epicondyle and tenderness to palpation with spasms and guarding to the thoracic/lumbar spine. The treating physician requested continuation of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 - Lumbar Spine, Right SI (sacroiliac) Joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for low back pain and left elbow pain. He underwent surgical treatment for lateral epicondylitis with a debridement. When seen, his left elbow symptoms were continuing to improve. His thoracic and lumbar symptoms were unchanged. Physical examination findings included lumbar paraspinal muscle tenderness with muscle spasms and trigger points. There was positive straight leg raising and decreased range of motion. Kemp's testing was positive. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.