

Case Number:	CM14-0113547		
Date Assigned:	08/01/2014	Date of Injury:	12/13/2013
Decision Date:	10/15/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of December 13, 2013. A utilization review determination dated July 2, 2014 recommends noncertification of physical therapy for the low back and right upper extremity. A progress note dated May 5, 2014 identifies subjective complaints of low back pain, right elbow pain, right shoulder pain, and migraine headaches. Physical examination shows tenderness in the low back, right knee, medial and lateral epiconylalgia of the right elbow and cubital tunnel, and non-focal tenderness around the shoulder. There is no muscle group weakness or wasting. Normal sensation was present. Diagnoses include lumbar strain, right knee lateral meniscus strain, right shoulder contusion, and right elbow medial and lateral epicondylitis with ulnar neuritis. The treatment plan recommends a lumbar brace, medication, and physical therapy 2 times a week for 4 weeks for the low back and right upper extremity. The patient is placed on desk work only. A June 5, 2014 progress report indicates that the patient has noted improvement with primary remaining concerns of low back pain and right knee pain. Physical therapy is recommended along with medication, lumbar brace, and steroid injection for the knee. The patient is placed on modified duty work. Notes indicate that the patient has seen physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week times four weeks for the low back and right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Wrist, & Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has undergone previously. In light of the above issues, the currently requested additional physical therapy is not medically necessary.