

Case Number:	CM14-0084156		
Date Assigned:	07/21/2014	Date of Injury:	05/03/2012
Decision Date:	09/25/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/03/2014

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 and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 60 year-old individual was reportedly injured on 5/3/2012. The mechanism of injury is noted when the patient's hand got stuck in a conveyor. The most recent progress note, dated 2/2/2014 indicates that there are ongoing complaints of low back pain, and right hand weakness. The physical examination is handwritten and states right hand: decreased grip strength, positive Phalen's, lumbar spine: positive straight leg raise on the left. Diagnostic imaging studies include an MRI the lumbar spine dated 1/22/2014 which reveals status post fusion of L3-S1 with laminectomy defects, multilevel neural foraminal narrowing, disc bulge and facet hypertrophy. Previous treatment includes physical therapy, tens unit, medications, and conservative treatment. A request had been made for physical therapy of the lumbar spine #12 sessions, and was not certified in the pre-authorization process on 4/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the Lumbar Spine with Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines.

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has right hand and low back pain and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent previous sessions of functional restoration therapy and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.