

Case Number:	CM14-0085609		
Date Assigned:	07/23/2014	Date of Injury:	07/22/2011
Decision Date:	10/14/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Pennsylvania, Ohio, Michigan and Texas. 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 injured worker is a 50-year old-male sustained July 22, 2011 injuries to the following regions: Back, fingers, neck, knee, hand, and bilateral elbows. The diagnoses listed as lumbago. The most recent progress note dated 5/20/14, reveals complaints of left elbow pain with radiation proximally and distally around the elbow. Physical examination revealed left elbow tenderness along lateral epicondyle and proximal extensor group, range of motion is full, increased pain to resistive dorsiflexion of the wrist, normal muscle strength, and no muscle atrophy noted. Prior treatment includes percutaneous tenotomy on 12/4/13, extensive physical therapy, and medications. The injured has had extensive physical therapy for his injuries, including his lumbar complaints. Three physical therapy (PT) visits for the lumbar spine and cervical spine were most recently authorized on 2/27/14 for review and reinforcement of a home program. A subsequent utilization review determination dated 6/4/2014 resulted in non-authorization of additional eight (8) physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration; Physical Medicine Guidelines Page(s): 7 &.

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

Decision rationale: The claimant has already received extensive physical therapy for the lumbar spine in excess of that recommended by the CA-MTUS Physical Medicine Guidelines on pages 98-99. Therefore, based on guidelines and a review of the evidence, the request for Eight Additional Physical Therapy sessions for the Lumbar Spine is not medically necessary.