

Case Number:	CM14-0148177		
Date Assigned:	09/18/2014	Date of Injury:	06/17/2005
Decision Date:	03/18/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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. 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 60 year old male who sustained a work related injury as a maintenance worker, on June 17, 2005, affecting his left upper extremity and lower back. Diagnoses included left ulna neuropathy, left elbow sprain, left lumbar radiculopathy, chronic low back pain and bilateral knee pain. Treatments included release of the left tardy ulna nerve in 2011, physical therapy, electromyogram studies, pain medication, Voltaren Gel and anti-inflammatory medications. Currently, on November 11, 2014, the injured worker presents with persistent left elbow and forearm pain with shooting pain upon activities. He complains of burning pain and numbness in the left forearm. On February 27, 2015, a request for a service of additional physical therapy sessions (6-8) to the low back (previous 14 sessions in 2013-2014) was non-certified by the Utilization Review, noting the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 6-8 SESSIONS (PREVIOUS 14 SESSIONS 2013-2014)-LOW BACK: Overturned

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

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

Decision rationale: This patient presents with lower back pain, and left upper extremity pain. The treater has asked for ADDITIONAL PHYSICAL THERAPY 6-8 SESSIONS (PREVIOUS 14 SESSIONS 2013-2014) LOW BACK on 11/11/14. The request progress report dated 11/11/14 does NOT state it is for "additional" therapy however, and states that it is NOT for his back, but "for his left elbow and forearm pain to include range of motion and flexibility exercises." The patient had 14 prior physical therapy sessions for the low back as of 8/21/14 per utilization review letter dated 8/26/14, but no recent physical therapy for the left upper extremity. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy for the left elbow/forearm. A short course of treatment may be reasonable for a flare-up, declined function or new injury. The requested 8 sessions of physical therapy are reasonable for patient's ongoing left upper extremity pain. The request IS medically necessary.