

Case Number:	CM14-0212596		
Date Assigned:	12/30/2014	Date of Injury:	09/15/2010
Decision Date:	02/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 39-year-old male with a 9/15/10 date of injury. He injured himself while unloading a barbecue box weighing approximately 150 pounds overhead off of a palet. He lost his balance and fell back. According to a progress report dated 10/20/14, he has undergone extensive treatment to his wrist and knees, which have included conservative treatment as well as surgery. He continued to report right hand pain that affected the fourth and fifth digits. The pain intermittently radiated into his left medial elbow. He described his mid-thoracic pain as a constant dull sensation, non-radiating. He also described non-radiating bilateral knee pain. Objective findings: right elbow is positive for Tinel's and Phalen's test, severe tenderness at approximately T11-12 area, referred pain with palpation to the flank area, range of motion slightly diminished. Diagnostic impression: status post right wrist surgery on 2/2013, status post left knee surgery in 2012, status post right knee surgery 9/2013, status post left knee revision surgery 1/2014. Treatment to date: medication management, activity modification, trigger point injections, and physical therapy. A UR decision dated 11/18/14 denied the request for 18 sessions of physical therapy for the midback. The claimant has had extensive PT/chiro for his chronic situation. There was no subjective or objective improvement from PT documented. There was also no documentation as to why the claimant is not able to continue with rehabilitation on a home exercise program basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x6 weeks (18 sessions) for midback.: Upheld

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 Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Physical Therapy; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, this patient has a 2010 date of injury and has likely received physical therapy treatment. There is no documentation of functional improvement from prior treatment. In addition, guidelines support up to 10 visits over 8 weeks for back sprains/strains. This is a request for 18 sessions, which exceeds guideline recommendations. Furthermore, there is no discussion regarding this patient's participation in a home exercise program. Therefore, the request for additional physical therapy 3x6 weeks (18 sessions) for midback is not medically necessary.