

Case Number:	CM14-0213342		
Date Assigned:	12/30/2014	Date of Injury:	06/19/2014
Decision Date:	02/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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, Illinois

Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 28-year-old male with a 6/19/14 date of injury. At the time (11/6/14) of request for authorization for Additional physical therapy to right hand, lumbar spine and left leg 2 times per week for 3 weeks(6), there is documentation of subjective (right hand, low back, and left leg pain) and objective (tenderness over the lumbar spine and right thenar eminence, positive straight leg raising test radiating to left thigh, and decreased dermatomal sensation at the left L5 nerve root) findings, current diagnoses (right hand sprain/strain and lumbar sprain/strain), and treatment to date (medications and 6 previous physical therapy treatments). Medical report identifies that previous physical therapy treatment provided some pain relief. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to right hand, lumbar spine and left leg 2 times per week for 3 weeks(6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back AND Forearm, Wrist, & Hand, Physical therapy (PT).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprains and strains not to exceed 10 visits over 8 weeks and a diagnosis of sprains and strains of hand not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right hand sprain/strain and lumbar sprain/strain. In addition, there is documentation of 6 physical therapy treatments already completed. However, given the requested Additional physical therapy to right hand, lumbar spine and left leg 2 times per week for 3 weeks(6), that in addition to the 6 physical therapy treatments already completed, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. In addition, despite documentation that previous physical therapy treatment provided some pain relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Additional physical therapy to right hand, lumbar spine and left leg 2 times per week for 3 weeks(6) is not medically necessary.