

Case Number:	CM14-0055998		
Date Assigned:	07/09/2014	Date of Injury:	06/28/2012
Decision Date:	03/19/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/25/2014

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: Emergency Medicine

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 68 year old female, who sustained an industrial injury on 6/28/2012. She has reported back and bilateral arm pain. The diagnoses have included bilateral dorsal tenosynovitis, bilateral first carpo-metacarpal joint pain, and bilateral carpal tunnel syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy and activity modification. Currently, the IW complains of back and bilateral upper extremities described as aching and burning with pins and needles sensation rated 8-9/10 with increased pain over the last four weeks. Physical examination from 3/13/14 documented tenderness in the paraspinal musculature of the thoracic and lumbar region with decreased Range of Motion (ROM) motion and muscle spasm noted. Plan of care included short course of physical therapy for acute exacerbation of pain. On 4/15/2014 Utilization Review non-certified physical therapy of the lumbar spine and bilateral upper extremities twice a week for four weeks, noting the documentation did not support the medical necessity for the requested treatments. The MTUS Guidelines were cited. On 4/25/2014, the injured worker submitted an application for IMR for review of physical therapy of the lumbar spine and bilateral upper extremities twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the Lumbar Spine and Bilateral Upper Extremities 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 300. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy

Decision rationale: The requested Physical therapy for the Lumbar Spine and Bilateral Upper Extremities 2x4, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has back and bilateral arm pain. The treating physician has documented tenderness in the paraspinal musculature of the thoracic and lumbar region with decreased Range of Motion (ROM) motion and muscle spasm noted. The treating physician has not documented objective evidence of functional improvement from previous therapy sessions, nor the medical necessity for additional physical therapy sessions beyond the guideline recommended current trial of 6 therapy sessions. The criteria noted above not having been met, Physical therapy for the Lumbar Spine and Bilateral Upper Extremities 2x4 is not medically necessary.