

Case Number:	CM15-0128002		
Date Assigned:	07/14/2015	Date of Injury:	07/02/2014
Decision Date:	08/19/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old female, who sustained an industrial injury on 7/02/2014. She reported a slip and fall with injuries to the low back, neck, and bilateral wrists. Diagnoses include lumbar sprain/strain, possible lumbar discopathy with radiculopathy, and bilateral hand carpal tunnel syndrome. She has a history of a right wrist fusion prior to the date of the injury. Treatments to date include activity modification, medication therapy, physical therapy, and trigger point injection of cervical spine. Currently, she complained of ongoing pain in the neck, low back and mid back with mild pain in bilateral hands. On 5/27/15, the physical examination documented diffuse lumbar muscle tightness and tenderness with limited range of motion. There were decreased sensation in the lower extremities bilaterally and weakness noted. The plan of care included continued physical therapy twice a week for six weeks to the lumbar spine and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 2 x 6 lumbar and bilateral wrists: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in July 2014 and was seen for an initial orthopedic evaluation on 05/27/15. She was having neck, mid back, and low back pain and mild bilateral hand, thumb pain, and had a history of chronic bilateral knee pain. Physical examination findings included a BMI over 34. She was noted to ambulate with a cane. There was cervical and lumbar spine tenderness with tightness and decreased range of motion. There was lower extremity weakness. Tinel's testing, Phalen's testing, and carpal compression testing was positive bilaterally. The assessment references needing to obtain previous reports to determine what treatment had already been performed. Authorization for 12 sessions of physical therapy was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The claimant's treatments and response to the treatments already provided was not reviewed. The request was not medically necessary.