

Case Number:	CM15-0129717		
Date Assigned:	07/16/2015	Date of Injury:	06/18/2010
Decision Date:	08/12/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old female sustained an industrial injury to the low back and bilateral wrists on 6/18/10. Previous treatment included lumbar fusion, physical therapy, home exercise and medications. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 5/13/15, the injured worker complained of low back pain with radiation to the right lower extremity as well as bilateral wrist and hand pain. Physical exam was remarkable for lumbar spine with tenderness to palpation, spasms, decreased range of motion and positive right straight leg raise and bilateral wrists with mild tenderness to palpation, decreased range of motion and positive Tinel's sign. Current diagnoses included bilateral carpal tunnel syndrome and status post lumbar fusion. The treatment plan included continuing physical therapy, continuing home exercise, continuing Norco and a request for transdermal cream. The physician was also requesting physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks; According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant had completed an unknown amount of therapy in the past. There was a request for home exercise mentioned. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional 12 physical therapy sessions are not medically necessary.

Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter-DME / Walking aids and pg 70.

Decision rationale: According to the guidelines, walking aids are recommended for arthritis to unload limbs. In this case, the claimant has chronic back pain and wrist pain. There is no justification provided in the records to support the use of a walker and as a result, the request is not medically necessary.