

Case Number:	CM15-0175175		
Date Assigned:	09/16/2015	Date of Injury:	05/11/2015
Decision Date:	10/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/04/2015

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 23 year old male who sustained an industrial injury on 5-11-2015. A review of medical records indicates the injured worker is being treated for thoracic strain left greater than right, bilateral wrist, hand and forearm strain and tendonitis, subluxation of right extensor tendon to the fourth digit over the fourth MCP joint, paresthesia of both forearm and hands, rule out compression neuropathy like carpal tunnel syndrome or ulnar compressionopathy, and lumbar strain left greater than right. Progress report dated 8-7-2015 noted mid back pain, low back pain, pain in the wrists, hands, and forearms. He was placed on light duty. Physical examination noted tenderness of both dorsal of the hand, dorsum of the wrist as well as extensor musculature bilaterally. Palpation of the paralumbar muscles showed mild muscle spasm or tightness. Range of motion was limited because of mid to low back pain. Palpation of the parathoracic muscles showed muscle spasm or tightness and tenderness of left greater than right parathoracic muscles from T10-12 level radiating towards the lateral flank area as well on the left side. Range of motion and flexion was decreased because of pain. Treatment has included medication and chiropractic care. The Utilization review form dated 8-28-2015 noncertified 8 physical therapy visits for the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the thoracic and lumbar spine 2 times 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in May 2015 after he fell from a forklift. When seen, he was continuing to work at light duty. He was having a flare of symptoms with back and bilateral wrist, hand, and forearm pain. Physical examination findings included wrist and hand tenderness with fourth finger extensor tendon subluxation when gripping. There was decreased and painful thoracolumbar range of motion with tenderness and mild spasms. There was decreased bilateral grip strength. Physical therapy was requested for the thoracic and lumbar spine. In terms of physical therapy for a thoracic or lumbar sprain / strain, guidelines recommend up to 10 treatment sessions over 8 weeks. In this case, the number of initial visits requested is within the guideline recommendation and is considered medically necessary.