

Case Number:	CM15-0065081		
Date Assigned:	04/13/2015	Date of Injury:	01/08/2015
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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: Ohio, North Carolina, Virginia
 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 44 year old male sustained an industrial injury to the low back and left wrist on 1/8/15. Previous treatment included x-rays, physical therapy (six sessions), wrist brace, back brace and medications. In a Doctor's First Report of Occupational Injury dated 2/26/15, the injured worker complained of low back pain associated with numbness and tingling down the leg. The injured worker reported that his left wrist pain had resolved. Physical exam was remarkable for lumbar spine with tenderness to palpation over the right posterior superior iliac spine and right buttock and limited, painful range of motion. The injured worker could heel toe walk and ambulate with a normal gait without limping. Current diagnoses included left wrist sprain/strain, lumbar spine sprain/strain and lumbar spine right sided radiculitis. The treatment plan included continuing physical therapy for 12 sessions to the lumbar spine, continuing home exercise and current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice weekly for the lumbar spine QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back chapter. Physical Therapy Section.

Decision rationale: ODG Physical Therapy Guidelines: "Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial." Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks; Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks; Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks; Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks; Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week. In this instance, physical therapy record show that the injured worker attended 6 physical therapy session. He reported less back pain but unchanged leg pain. His work restrictions were the same at the completion of therapy as they were at the beginning. He was allowed to lift/push/pull up to 20# occasionally. A six-visit trial of physical therapy has been done in part to assess for functional improvement. because there was no functional improvement as a consequence of the physical therapy, additional physical therapy twice weekly for 6 weeks is not medically necessary per the referenced guidelines.