

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0065088 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 08/28/2009 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/25/2015 |
| 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on 8/28/09. He reported initial complaints of left hand/wrist pain and low back pain. The injured worker was diagnosed as having left wrist fracture; carpal tunnel syndrome left. Treatment to date has included status post open reduction internal fixation (ORIF) left wrist; status post left carpal tunnel release (11/24/10); MRI lumbar spine (1/20/15); physical therapy; drug toxicology screening; medications. Currently, the PR-2 notes of 2/3/15 indicate the injured worker brought an imaging study but did not bring an interpreter. It is noted that he complained of back pain. The notes document the injured worker is prescribed Norco 10/325mg, naproxen and Flexeril. The Lumbar spine MRI dated 1/20/15 reports lower thoracic disc degeneration at T11-T12 with moderate degenerative changes at L1-L2; broad disc protrusion L3-L4 and diffuse disc bulge at L4-L5. The treatment plan was for the injured worker to return in one month with an interpreter. The provider has requested 8 sessions of physical therapy over 30 days for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy over 30 days for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 41-42, 64, 78, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.