

Case Number:	CM15-0071381		
Date Assigned:	04/21/2015	Date of Injury:	11/01/2013
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 was a 27 year old female, who sustained an industrial injury, November 1, 2013. The injured worker previously received the following treatments functional capacity evaluation, 22 chiropractic sessions, EKG (Electrocardiography) with T-wave abnormality and 6 acupuncture sessions, trigger point injections to the lumbar spine, laboratory studies and 12 physical therapy sessions. The injured worker was diagnosed with lumbar spine sprain/strain with bilateral lower extremity radiculopathy, ORIF of the right distal radius and pinning DRVJ and right carpal tunnel syndrome. According to progress note of March 18, 2015, the injured workers chief complaint was right wrist and lumbar spine pain. The injured worker rated the pain of the right wrist 4 out of 10, suggestive of a TFCC tear. The lumbar spine pain was rated at 3 out of 10 with burning pain in the bilateral buttocks and radiculopathy pain down into the bilateral lower extremities. The pain was aggravated by walking. The physical exam noted decreased pain intensity and frequency. The injured worker had improved. The injured worker was able to walk a half a mile, able to sit for 30-60 minutes and lift 5-10 pounds. The treatment plan included physical therapy for the right wrist and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions (2x3) right wrist and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Present complaints are continued chronic pain with exam showing tenderness and decreased range, but without identified neurological deficits. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program and the patient has received at least 12 PT visits along with 22 chiropractic sessions. The employee had conservative treatment without further physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support continued treatment request. The Physical therapy 6 sessions (2x3) right wrist and lumbar spine is not medically necessary and appropriate.