

Case Number:	CM15-0073654		
Date Assigned:	04/23/2015	Date of Injury:	10/22/2014
Decision Date:	05/21/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 36 year old male, who sustained an industrial injury on 10/22/2014. He reported an automobile accident resulting in immediate pain in the left hand, the neck, and mid/lower back. Diagnoses include cervical sprain, lumbar sprain, left wrist tenosynovitis, headache and insomnia. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of neck, low back, left wrist pain associated with headaches and difficulty sleeping. On 1/12/15, the physical examination documented decreased lumbar and cervical spine range of motion. The left wrist was significant for swelling, tenderness and positive Finkelstein test. The plan of care included physical therapy to treat the cervical and lumbar spines and the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Cervical Spine, Lumbar Spine, and Left Wrist, twice a week for six weeks: Upheld

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

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

Decision rationale: Physical Therapy for the Cervical Spine, Lumbar Spine, and Left Wrist, twice a week for six weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation reveals that the patient has had prior therapy. There are no extenuating factors which would necessitate 12 more supervised physical therapy visits over an independent home exercise program which the patient should be versed in. The request for physical therapy is not medically necessary.