

Case Number:	CM15-0090480		
Date Assigned:	05/14/2015	Date of Injury:	10/16/2012
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45-year-old male, who sustained an industrial injury on October 16, 2012. He reported neck, upper back, lower back, right shoulder, right wrist/hand, right knee, and left foot injuries. The injured worker was diagnosed as having cervical spine sprain/strain, lumbar spine sprain/strain, right knee strain, and right long finger strain. Diagnostic studies to date have included MRIs and x-rays. Treatment to date has included lumbar spine brace, single point cane, and medications. On March 19, 2015, the injured worker complains pain of neck radiating to the right hand; upper back radiating to the lower back; lower back radiating to the knees, which is greater on the right than the left; right shoulder radiating to the neck and right hand; left knee radiating to the left foot; right knee radiating to the right foot; left foot without radiation; right wrist/hand without radiation; right long finger radiating to the neck and right hand; and right index finger radiating to the right hand. The physical exam revealed diffuse tenderness of the neck, lumbar, right hand, and right knee. There were normal reflexes of the bilateral upper extremities, intact bilateral knee stability, decreased cervical rom with pain, decreased lumbar range of motion, decreased right wrist range of motion with pain, decreased left wrist range of motion, decreased right knee range of motion with pain, and decreased right wrist range of motion. The lumbar 4-sacral 1 sensation was intact. The treatment plan includes physical therapy for the cervical spine, lumbar spine, right knee, and right long finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6 weeks cervical spine, lumbar spine right knee, right long finger:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week time's six weeks to the cervical spine, lumbar spine, and right knee and right long finger is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine strain; lumbar spine strain; right knee strain; and right long finger strain. The date of injury was October 16, 2012. The utilization review states there is no documentation of prior physical therapy, total number of physical therapy sessions to date and documentation of objective functional improvement or physical therapy. The injury occurred 2.5 years ago. There is no documentation of a flare-up in the medical record. According to an August 13, 2014 progress note, the injured worker underwent a trigger finger release surgical procedure. The documentation indicated postoperative physical therapy was indicated. However, there was no documentation of physical therapy provided; number of physical therapy sessions provided an evidence of objective functional improvement. According to a progress note dated March 19, 2015, the treatment plan states "start physical therapy". As noted above, there is no documentation of prior physical therapy, number of physical therapy sessions and objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, prior physical therapy progress notes, total number of physical therapy sessions to date, physical therapy three times per week time's six weeks to the cervical spine, lumbar spine, and right knee and right long finger is not medically necessary.