MAXIMUS Federal Services

Case Number:	CM15-0098445		
Date Assigned:	05/29/2015	Date of Injury:	09/18/2014
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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, Pain Management

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 61 year old male with an industrial injury dated 9/18/2014. The injured worker's diagnoses include musculoligament sprain, thoracic sprain, lumbar sprain, lumbar radiculopathy and lumbar degenerative disc disease. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/08/2015, the injured worker reported lumbar spine pain with radiating pain down right leg and foot, pain rated a 6-7/10. The injured worker also reported right hand pain with associated numbness radiating up and down the arm. The injured worker rated right hand pain a 7/10. Objective findings revealed swelling of the dorsum of the right hand. The treating physician prescribed services for six physical therapy sessions for the lumbar spine and right wrist, two times a week for three weeks now under review. A progress report dated March 17, 2015 states that the patient has undergone four therapy sessions and has four therapy sessions remaining.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physical therapy for the lumbar spine and right wrist, two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many sessions the patient has already undergone, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for his diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.