

Case Number:	CM14-0141234		
Date Assigned:	09/10/2014	Date of Injury:	03/19/2002
Decision Date:	10/21/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old female whose date of injury is 03/19/2002. The mechanism of injury appears to be repetitive work duties while working on patrol. Treatment to date includes IDET procedure on 04/05/03, shockwave therapy, at least 14 physical therapy visits and lumbar epidural steroid injection on 04/28/14 which provided greater than 50% pain relief. Diagnoses are left wrist de Quervain's syndrome, lumbar spine disc bulge, left hand strain, status post left elbow surgery, left carpal tunnel syndrome, thoracic spine strain, right elbow lateral humeral epicondylitis, status post IDET procedure, and right elbow ulnar nerve neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy

Decision rationale: Based on the clinical information provided, the request for six physical therapy visits for the lumbar spine once a week for six weeks is not recommended as medically necessary. The injured worker has undergone extensive prior physical therapy; however, the injured worker's objective functional response to this treatment is not documented to establish efficacy of treatment and support additional sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The injured worker should be well-versed in and encouraged to perform a home exercise program in accordance with the Official Disability Guidelines.