

Case Number:	CM14-0153274		
Date Assigned:	09/23/2014	Date of Injury:	08/20/2013
Decision Date:	11/03/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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 Orthopedic Surgeon 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 39-year-old male who reported an injury on 03/15/2014. The mechanism of injury occurred while he was lifting a ramp. The injured worker's diagnoses included L4-5 protrusion with moderate to severe central canal stenosis and left L5-S1 radiculopathy. The injured worker's past treatments included medications, epidural steroid injections, surgery and medications. The injured worker's diagnostic exams included an MRI of the lumbar spine and an X-ray of the lumbar spine. His surgical history was not indicated in the clinical notes. On 08/11/2014, the injured worker complained of a rash across his chest and ongoing back and leg pain. The physical exam revealed that the injured worker used a cane to ambulate. It was noted that the injured worker would not perform a modified straight leg raise secondary to pain. The injured worker's medications included Norco 10/325 mg, MS Contin 15 mg, Naproxen 500 mg and Lyrica 150 mg. The treatment plan consisted of a surgical consult and additional physical therapy sessions. A request was received for physical therapy to the lumbar quantity 6 sessions. The rationale for the request was "that the physical therapy offered the injured worker some relief, as well as increased function and certainly 6 additional sessions would be reasonable at this point." The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy three times a week for four weeks (12 sessions) for the left wrist and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 10, 17, 21.

Decision rationale: The California MTUS Guidelines recommend physical medicine based on the philosophy that therapeutic exercise or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and the alleviation discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Continuing physical therapy is based on evidence of improved pain, increased function and increased range of motion. These indications must be documented with quantitative measures in order to determine the efficacy of the treatment. For the indication of radiculitis unspecified, the guidelines recommend 8 to 10 visits over 4 weeks. Based on the clinical notes, the injured worker complained of ongoing back and leg pain with no indication of a pain level. The clinical notes reported that the injured worker was unable to perform a modified straight leg raise secondary to pain. Also, the clinical notes failed to indicate the efficacy of his prior physical therapy treatments. The documentation indicated that the injured worker had 8 prior physical therapy sessions. However, the rationale for additional therapy was that the injured worker received some relief and increased function, thus the additional sessions were warranted. However, there is lack of documentation indicating increased function, increased range of motion and decreased pain as supported by the guidelines. There must be quantitative measurable documentation present in order to determine the efficacy of the treatment and to determine if additional therapies are needed. Due to lack of documentation indicating quantitative measures that show decreased pain and increased range of motion and function, the request is not supported. Thus the request for physical therapy for the lumbar quantity of 6 sessions is not medically necessary.