

Case Number:	CM13-0006371		
Date Assigned:	02/07/2014	Date of Injury:	03/28/2012
Decision Date:	04/11/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/02/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 patient is a 57-year-old female who was injured on 3/28/12. She has been diagnosed with lumbar DDD, BLE radiculopathy; diffuse regional myofascial pain; left knee internal derangement; chronic pain syndrome; diabetes and hypertension. According to the 7/17/13 report from [REDACTED], the patient presents with neck, mid back, low back, right upper extremity and right lower extremity pain. [REDACTED] recommends a physical therapy evaluation and psychology evaluation. On 7/29/13, UR recommended non-certification for the chronic pain physical therapy evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION: CHRONIC PAIN PHYSICAL THERAPY EVALUATION ONLY:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL VERSUS SELF MANAGEMENT MODEL Page(s): 5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE AND PAIN OUTCOMES AND ENDPOINTS Page(s): 98-99, 8-9.

Decision rationale: According to the 7/17/13 report from [REDACTED], the patient presents with neck, mid back, low back, right upper extremity and right lower extremity pain. He requests a

physical therapy (PT) evaluation. The records show the patient has had several PT sessions in March 2013, and according to the follow-up report dated 4/8/13 by [REDACTED], the pain is 8/10 and intolerable. PT did not appear to be of benefit. On page 9 of MTUS, it states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," [REDACTED] [REDACTED] has not addressed the prior PT efforts and does not provide a rationale for continued PT. MTUS does not recommend continued attempts at therapy that has not provided functional improvement. The request for additional physical therapy or physical therapy-evaluation-only is not in accordance with MTUS guidelines.