

Case Number:	CM13-0014654		
Date Assigned:	10/04/2013	Date of Injury:	04/30/1998
Decision Date:	04/30/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/21/2013

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 Occupational Medicine 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 applicant is a [REDACTED] employee who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of April 30, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified spinal injection; and attorney representation. In a utilization review report of July 26, 2013, the claims administrator denied a request for 12 sessions of physical therapy. The applicant later appealed, on August 13, 2013. The sole clinical note on file is a July 16, 2013 prescription for 12 sessions of physical therapy and handwritten May 25, 2013 request for one year gym membership and pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS 2X6 TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 99.

Decision rationale: No, the proposed 12 sessions of physical therapy are not medically necessary, medically appropriate, or indicated here. Page 99 of the MTUS Chronic Pain

Medical Treatment Guidelines recommends a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts and further endorses tapering or fading the frequency of physical therapy over time. In this case, the request for 12 sessions of treatment represents treatment, which, in and of itself, is in excess of the MTUS-endorsed course. It is further noted that the applicant is now 15 years and a half years removed from the date of injury. No clinical progress notes or clinical information were attached to the request for authorization or application for IMR so as to try and offset the unfavorable MTUS recommendation. Therefore, the request remains noncertified, on independent medical review.