

Case Number:	CM13-0023139		
Date Assigned:	11/15/2013	Date of Injury:	03/15/2013
Decision Date:	01/06/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 session treatment for myalgias and/or myositis of various body parts, the MTUS also supports tapering or fading the frequency of physical therapy over time and emphasizing self-directed home physical medicine. Page 8 of the MTUS Chronic Pain Medical Treatment Guideline also notes that there must be demonstration of functional improvement at various points of time so as to justify continued treatment. For all of the stated reasons, an 18-session course of treatment is not indicated as this is well in excess of guideline recommendations and does not allow for interval reevaluation to assess the presence of functional improvement. Therefore, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy with Dr. Larry, 3 times a week for 6 weeks (18 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guide.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Restoration Approach to Chronic Pain Manag.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 session treatment for myalgias and/or myositis of various body parts, the MTUS also supports tapering or fading the frequency of physical therapy over time and emphasizing self-directed home physical medicine. Page 8 of the MTUS Chronic Pain Medical Treatment Guideline also notes that there must be demonstration of functional improvement at various points of time so as to justify continued treatment. For all of the stated reasons, an 18-session course of treatment is not indicated as this is well in excess of guideline recommendations and does not allow for interval reevaluation to assess the presence of functional improvement. Therefore, the request is non-certified.