MAXIMUS Federal Services

Case Number:	CM13-0024052		
Date Assigned:	11/20/2013	Date of Injury:	06/29/2012
Decision Date:	02/25/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/13/2013

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 Preventative Medicine and 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:

The applicant is a represented [redacted] food worker service worker who has filed a claim for neck pain, shoulder pain and low back and knee pain reportedly associated with an industrial injury for June 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; 20 sessions of chiropractic manipulative therapy; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 5, 2013, the claims administrator denied a request for eight sessions of physical therapy. The claims administrator wrote that the applicant had 10 previous sessions of land-based therapy, 10 previous sessions of aquatic therapy, and six sessions of acupuncture. The applicant appealed the denial. An earlier note of December 31, 2012 does suggest that the applicant is not presently working. A later note of April 26, 2013 is again notable for comments that the applicant is off of work, on total temporary disability. Additional physical therapy, manipulation, and aquatic therapy were sought as of that point. Multiple other handwritten progress notes interspersed throughout late 2013, including August 12, 2013 and September 23, 2013, are seemingly reviewed. Additional physical therapy and home exercises are sought while the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Imrpovement. Page(s): 99.

Decision rationale: The applicant has had prior treatment (somewhere between 10 to 20 sessions) of physical therapy to date, seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. In this case, there is no demonstration of functional improvement, which might justify additional treatment beyond the guideline. The applicant remains off of work, on total temporary disability, and remains highly reliant on various forms of treatment, including medications, manipulation, chiropractic treatment, etc. All of the above, taken together, imply that the previous physical therapy was unsuccessful and further imply a lack of functional improvement as defined by the parameters established in MTUS 9792.20f. Accordingly, the request is not certified, on independent medical review.