

Case Number:	CM13-0028409		
Date Assigned:	04/25/2014	Date of Injury:	04/16/2010
Decision Date:	07/07/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/23/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of April 16, 2010. 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; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated August 14, 2013, the claims administrator denied a request for an initial 12-session course of physical therapy to treat the thoracic spine. The claims administrator stated that the applicant should pursue home exercise program in lieu of formal physical therapy. The applicant's attorney subsequently appealed. A February 6, 2013 progress note was notable for comments that the applicant reported persistent upper back, left shoulder, elbow, ankle, and knee pain reportedly associated with a slip and fall industrial injury. The applicant had received a left carpal tunnel release surgery and a right carpal tunnel release surgery along with cubital tunnel release surgeries and multiple trigger finger release surgeries. The applicant had reportedly gained 25 pounds. The applicant was asked to pursue an 8-session course of physical therapy involving the upper extremities at that point in time. The applicant was asked to follow up on an as-needed basis. In a March 28, 2014 pain management note, the applicant was described as reporting highly variable 2-9/10 pain. The applicant reportedly had three sessions of physical therapy. The applicant exhibited tenderness about the paralumbar and parathoracic musculature. The applicant was reportedly returned to regular work. Physical therapy and tizanidine were sought. The applicant had comorbid issues with posttraumatic stress disorder, it was stated on March 18, 2014. In an earlier progress note dated April 26, 2013 and May 10, 2013, the applicant was described as reporting persistent pain complaints and was placed off of work, on total temporary disability, on each occasion. An earlier April 16, 2013 progress note

was again notable for comments that the applicant should remain 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:

INITIAL PHYSICAL THERAPY SESSIONS TO TREAT THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the attending provider to furnish a clear prescription for physical therapy which states treatment goals and provides a specific description of the lesion or lesions causing an applicant's complaints. In this case, however, no clear treatment goals are provided. It was not clearly stated how much prior physical therapy the employee had had or what the goals of additional physical therapy were. The employee's functional status and work status were not clearly detailed. Finally, the open-ended course of treatment proposed here, in and of itself, represents treatment in excess of the 9- to 10-sessions recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. In this case, the attending provider did not furnish any compelling rationale, narrative, or commentary for treatment this far in excess of MTUS parameters. Therefore, the request is not medically necessary, for all of the stated reasons.