

Case Number:	CM13-0031265		
Date Assigned:	01/17/2014	Date of Injury:	03/17/2012
Decision Date:	03/25/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 midback pain reportedly associated with an industrial injury of March 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of chiropractic manipulative therapy and physical therapy over the life of the claim. In a Utilization Review Report of September 24, 2013, the claims administrator denied a request for eight sessions of physical therapy, stating that the applicant recently received 12 sessions of physical therapy and six sessions of manipulative therapy at the outside of the claim. Non-MTUS Third Edition ACOEM Guidelines were cited. A subsequent handwritten note of December 16, 2013 is notable for comments that the applicant is not improved significantly. The applicant reports ongoing pain above the midback. Limited thoracic and lumbar range of motion is noted. The applicant is returned to modified work with a 20-pound lifting limitation. It is not clearly stated whether the limitations have been accommodated by the employer or not. An earlier note of November 1, 2013 is notable for the imposition of a 20-pound lifting limitation while an earlier note of October 15, 2013 was notable for a 10-pound lifting limitation. In an orthopedic report of September 17, 2013, the applicant is described as last having worked on June 20, 2013. An earlier note of August 21, 2013 is again notable for comments that the applicant has shown little progress and is approaching permanent and stationary status.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy (PT) for the Thoracic Spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: The Physician Reviewer's decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does note that "demonstration of functional improvement is needed at various milestones in the functional restoration program so as to justify continued treatment." In this case, however, the applicant has not demonstrated the requisite functional improvement despite having completed 12 prior sessions of physical therapy. She has failed to return to work. A rather proscriptive 10- to 20-pound lifting limitation remains in place. The applicant remains highly reliant on various forms of medical treatment, including chiropractic manipulative therapy. Pursuing additional physical therapy without evidence of functional improvement as defined in MTUS 9792.20f is not recommended. Therefore, the request is not certified.