

Case Number:	CM13-0038022		
Date Assigned:	12/18/2013	Date of Injury:	04/11/2012
Decision Date:	03/20/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/24/2013

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 [REDACTED] employee who has filed a claim for chronic low back and wrist pain reportedly associated with an industrial lifting injury of April 11, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; a carpal tunnel release surgery; elbow lateral epicondylar steroid injection; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 18, 2013, the claims administrator denied a request for eight sessions of physical therapy. The applicant's attorney subsequently appealed. An earlier clinical progress note of September 9, 2013 is notable for comments that the applicant reports persistent elbow pain. She has not had a good surgical result, it is stated. She exhibits tenderness about the same. Additional physical therapy targeted at the elbow is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2/week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine,.

Decision rationale: While page 99 of the MTUS Chronic Pain Guidelines does support a general course of 9 to 10 sessions of physical therapy for myalgias and myositis of various body parts, in this case, it is not clearly stated how much cumulative therapy the applicant has had over the life of the claim and/or what the response was. It does not appear that the applicant has returned to work. No clear goals for further physical therapy treatment have been stated. No clear functional goals or functional outcome have been described by the attending provider. The ACOEM Guidelines state that an attending provider should clearly write a treatment prescription which conveys treatment goals. This criterion is not seemingly met. Therefore, the request is not medically necessary and appropriate.