

Case Number:	CM13-0045422		
Date Assigned:	03/31/2014	Date of Injury:	04/02/2012
Decision Date:	05/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 ██████████ Center employee who has filed a claim for chronic neck pain, low back pain, myalgias, and myositis reportedly associated with an industrial injury of April 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; 26 sessions of physical therapy to date, per the claims administrator; 18 sessions of manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report of October 7, 2013, the claims administrator denied a request for eight additional sessions of physical therapy, citing a variety of MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. A November 1, 2013 progress note does acknowledge that the applicant has had extensive physical therapy and manipulative therapy. The attending provider states that the applicant has had 26 sessions of manipulative therapy and has not had any physical therapy since three months prior. The applicant is on Flexeril, Lidoderm, and Lyrica, it is noted. The applicant is overweight with a BMI of 27. There is some evidence of diminished upper extremity strength. The applicant is placed 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:

ADDITIONAL PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder and Neck and Upper Back Chapters.

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

Decision rationale: The applicant has had extensive prior physical therapy over the life of the claim, 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 myositis of various body parts. There has been no demonstration of functional improvement which would support further treatment beyond the guideline. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and dependent on various medications, including Lyrica, Lidoderm, Flexeril, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite completion of prior unspecified amounts of physical therapy. Therefore, the request for additional physical therapy is not certified, on Independent Medical Review.