

Case Number:	CM13-0060069		
Date Assigned:	01/22/2014	Date of Injury:	05/05/2013
Decision Date:	04/24/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 [REDACTED] employee who has filed a claim for low back and left shoulder pain reportedly associated with a slip and fall industrial contusion injury of May 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; lumbar MRI imaging showing multilevel low-grade disk bulges without any associated neural compromise; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of November 19, 2013, the claims administrator denied a request for additional physical therapy, citing non-MTUS Chapter 6, ACOEM Guidelines in conjunction with the MTUS Chronic Pain Medical Treatment Guidelines. The claims administrator stated that the applicant had 24 sessions of physical therapy to date. A physical therapy progress note of September 27, 2013 in fact acknowledged that this is the applicant's 23rd session of physical therapy up through that point in time. The applicant subsequently appealed. A January 6, 2014 progress note is notable for comments that the applicant was laid off from work. The applicant is off of work. The applicant reports 7-9/10 low back, left hip, and left shoulder pain. The applicant is on Norco, Soma, Motrin, Flexeril, and Naprosyn for pain relief, it is stated. It is stated that the applicant will have to consider filing for Social Security Disability Insurance (SSDI). An unchanged 20-pound lifting limitation is again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and Restoration of Function Chapter, page 114

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99,8.

Decision rationale: The applicant had had prior treatment (24 sessions), seemingly well in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue seemingly present here. In this case, there was no demonstration of functional improvement which would support further treatment beyond the guideline. The applicant remained off work despite having completed extensive physical therapy beyond the guideline. Work status and work restrictions were seemingly unchanged from visit to visit. The applicant remains highly reliant on various medications, including Norco, Flexeril, Soma, Naprosyn, Motrin, etc. All the above, taken together, imply that that 24 sessions of prior physical therapy were ineffectual. Therefore, the request for additional eight (8) physical therapy sessions is not medically necessary and appropriate.