

Case Number:	CM13-0067104		
Date Assigned:	01/03/2014	Date of Injury:	08/27/2012
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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 filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 2012. 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 55 sessions of physical therapy over the life of the claim, per the claims administrator. In a utilization review report of December 2, 2013, the claims administrator denied a request for 12 additional sessions of physical therapy, noting that the applicant has had 13 sessions of physical therapy in 2013 alone. The denial apparently cited non-MTUS ODG Guidelines in addition to MTUS Guidelines. The applicant's attorney subsequently appealed. On January 15, 2014, the applicant was given a 12% whole-person impairment rating apparently reflecting both back and knee issues. It was stated that the applicant had not worked since the August 27, 2012 industrial injury. On January 6, 2014, the applicant was described as status post knee arthroscopy and remained morbidly obese at a weight of 250 pounds. The applicant was described as unemployed, divorced, and using a variety of medications, including Lipitor, Motrin, Zestril, Allegra, and Norvasc as of that date. On November 26, 2013, the applicant was described as standing 5 feet 3 inches tall and weighing 256 pounds, resulting in a BMI of 45. The applicant was reporting worsening pain and had stated that Naprosyn had generated little improvement. Additional physical therapy was sought at the applicant's request, for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE ADDITIONAL SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The applicant has had prior treatment in 2013 alone (13 sessions), which is in excess of the 9- to 10-session course recommended by MTUS Guidelines. Based on the medical records provided for review there has been no demonstration of functional improvement to date, which would support further treatment beyond the guideline. The applicant remains off of work, on total temporary disability, several years removed from the date of injury. The applicant remains highly reliant on physical therapy, medications including Naprosyn, various treatments including knee injection therapy, etc. The applicant has gained large amount of weight. All of the above taken together, indicate that the prior physical therapy treatments, including the 13 sessions of physical therapy in 2013 and the 55 sessions of overall treatment throughout the life of the claim have not been altogether effective or generated any lasting benefit or functional improvement, as defined by MTUS Guidelines. The request for 12 additional sessions of physical therapy is not medically necessary and appropriate.