

Case Number:	CM14-0104012		
Date Assigned:	09/16/2014	Date of Injury:	02/19/2014
Decision Date:	10/27/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 16, 1988. Thus far, the patient has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture over the course of the claim; and an ergonomic evaluation. In a Utilization Review Report dated June 12, 2014, the claims administrator denied a request for nine sessions of physical therapy, stating that the patient should be able to transition to a home exercise program. The patient's attorney subsequently appealed. In a handwritten progress note dated June 2, 2014, the patient reported persistent complaints of neck and low back pain. The patient was represented, it was noted. The note was handwritten in patches and was somewhat difficult to follow. 6-8/10 pain was appreciated. A trial of regular duty work and Naprosyn were endorsed. Additional physical therapy was sought. It was not clearly stated how much prior physical therapy the patient had had through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 299 48.

Decision rationale: The 9-session course of treatment proposed, in and of itself, represents treatment in excess of the one- to two-session course recommend in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, for education, counseling, and evaluation of home exercise transition purposes. No rationale for treatment this far in excess of the ACOEM parameters was proffered by the attending provider. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 notes that the value of physical therapy increases with a prescription which "clearly states treatment goals." In this case, however, the attending provider's progress note was sparse, handwritten, and did not furnish any clear or compelling rationale for further formal physical therapy treatment. It was not clearly stated why the applicant could not transition to home exercises through a shorter course of treatment such as that proposed by ACOEM, just as the applicant had already apparently successfully transitioned to regular duty work. Therefore, the request is not medically necessary.