

Case Number:	CM14-0182408		
Date Assigned:	11/07/2014	Date of Injury:	12/16/2007
Decision Date:	12/16/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip, knee, and ankle pain reportedly associated with an industrial injury of December 16, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; left and right total hip arthroplasty surgeries; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 8, 2014, the claims administrator failed to approve a request for six sessions of physical therapy. It was stated that the applicant had had at least 36 sessions of physical therapy authorized through this point in time. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant reported ongoing complaints of low back and bilateral hip pain. The applicant was using methadone and Norco for pain relief. Multiple medications were renewed. X-rays of the pelvis and liver function testing were endorsed, along with additional physical therapy. The applicant's work status was not provided on this occasion. In an earlier handwritten note dated September 24, 2014, however, the applicant was placed off of work, on total temporary disability, and described as "not fit for duty."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 visits Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: The applicant has had prior treatment "at least 36 sessions, per the claims administrator," seemingly well 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, the issue reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, despite having had extensive prior physical therapy treatment. The applicant remains dependent on opioid agents such as methadone and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy to date. Therefore, the request for additional physical therapy is not medically necessary.