

Case Number:	CM14-0023161		
Date Assigned:	05/14/2014	Date of Injury:	03/26/2007
Decision Date:	07/10/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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 pain reportedly associated with an industrial injury of March 26, 2007. 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; a cane; cortisone injection; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 28, 2014, the claims administrator denied a request for 12 sessions of physical therapy. A variety of MTUS and non-MTUS Guidelines were cited, including Chapter 12 ACOEM Guidelines and ODG Guidelines, although the MTUS Chronic Pain Medical Treatment Guidelines were applicable here and did address the topic. The claims administrator based the denial on the fact that the attending provider did not state how many therapy treatments the applicant had had and on the fact that the treatment recommendation exceeded guidelines. The applicant's attorney subsequently appealed. The applicant was given prescriptions for Flexeril and tramadol in an order form dated October 9, 2013. It appears that physical therapy was requested through a December 11, 2013 progress note, at which point, the applicant was described as having persistent complaints of low back and knee pain. The applicant was placed off of work, on total temporary disability. Tramadol was renewed. The applicant was described as status post left knee arthroplasty on July 1, 2013. In a January 13, 2014 progress note, the applicant was again described as using a cane for ambulation. The applicant was again placed off of work. Acupuncture and topical compounds were endorsed.

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 (4) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier total knee arthroplasty in July 2013 as of the date of the Utilization Review Report, January 28, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. The 12-session course of treatment proposed here, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts, the issue present here. In this case, it is further noted that the applicant has had prior unspecified amounts of physical therapy treatment over the life of the claim. There has, however, been no demonstration of functional improvement as defined in MTUS 9792.20f which would support further treatment beyond the guideline. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various medications, including numerous topical compounded drugs. Therefore, the request is not medically necessary, for all of the stated reasons.