

Case Number:	CM14-0030215		
Date Assigned:	06/20/2014	Date of Injury:	07/05/2012
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 July 5, 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; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated February 12, 2014, the claims administrator denied a request for 12 sessions of physical therapy to include modalities such as infrared stimulation and electrical stimulation. A physical therapy evaluation and re-evaluation were likewise denied. The applicant's attorney subsequently appealed. In a progress note of October 8, 2013, it was stated that the applicant had persistent complaints of low back, wrist, head, neck, leg, and shoulder pain. The applicant was no longer working as a shuttle driver at [REDACTED], it was stated. The applicant had last worked in 2012, it was further stated. The applicant was status post shoulder surgery, it was noted. The applicant did exhibit full range of motion about the lumbar spine. A 12-session course of physical therapy with various modalities was sought. The applicant was given prescriptions for ibuprofen, methocarbamol, omeprazole, and topical compounded Lidoderm-ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapeutic exercises, STM, Infrared, E stim unattended 3x/4 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The 12-session course of treatment proposed here represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorsed active therapy, active modalities, self-directed home physical medicine, and tapering or fading the frequency of treatment over time. In this case, however, as written the request runs counter to MTUS principles and parameters as it emphasizes passive modalities such as infrared therapy and electrical stimulation, neither of which is recommended during the chronic pain phase of an injury, per pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant has failed to demonstrate functional improvement with earlier unspecified amounts of physical therapy over the life of the claim. The applicant remains highly reliant and highly dependent on medications such as ibuprofen and methocarbamol, furthermore, remains off of work, on total temporary disability. Therefore, the request for 12 sessions of physical therapeutic exercises to include infrared stimulation and electrical stimulation is not medically necessary.

Physical Therapy Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The evaluation was to have been performed in conjunction with the 12-session course of physical therapy in question. Since this was deemed not medically necessary, the associated evaluation is likewise deemed not medically necessary.

Physical Therapy re-evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The physical therapy re-evaluation was to have been performed in conjunction with the 12-session course of physical therapy in dispute. Since this 12-session course of physical therapy was deemed not medically necessary, the associated physical therapy re-evaluation is likewise not medically necessary.

