

Case Number:	CM14-0038160		
Date Assigned:	06/25/2014	Date of Injury:	06/28/2011
Decision Date:	08/06/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/01/2014

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 injured worker is a represented employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 28, 2011. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The claims administrator cited a variety of guidelines, and concluded that the injured worker was already permanent and stationary and should be capable of transitioning to a home exercise program. The injured worker's attorney subsequently appealed. It appears that earlier physical therapy was endorsed through a February 24, 2014 progress note, in which the injured worker presented with chronic neck pain and low back pain. The injured worker exhibited diminished range of motion about the cervical and lumbar spines. A transcutaneous electrical nerve stimulation (TENS) unit, ice therapy, and heat therapy were endorsed, along with the aforementioned 12 sessions of physical therapy treatment. It was stated that the applicant had attended 12 sessions of physical therapy as recently as December 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X12 CS, LS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical therapy.

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 is in excess of the 9 to 10 session course recommended within the Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that the frequency of treatment should be tapered or faded over time and that active therapy, active modalities, and self-directed home physical medicine should be emphasized during the chronic pain phase of the claim. No rationale for such treatment has been provided. Therefore, the request is not medically necessary.