

Case Number:	CM14-0047919		
Date Assigned:	07/02/2014	Date of Injury:	03/18/2009
Decision Date:	09/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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, neck, shoulder, and hand pain reportedly associated with an industrial injury of March 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the course of the claim, including at least 9 to 12 sessions in 2014, per the claims administrator; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated March 27, 2014, the claims administrator denied a request for additional physical therapy. The applicant's attorney subsequently appealed. In a February 25, 2014 progress note, the applicant was described as having persistent complaints of low back, shoulder, hand, and neck pain. Limited range of motion of multiple body parts was appreciated. Electrodiagnostic testing was sought, along with MRI imaging of the cervical and lumbar spines, MRI imaging of the shoulder, and 12 additional sessions of physical therapy, while the applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant had only completed three of the recent batch of physical therapy authorized but nevertheless chose to prescribe additional therapy at 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 10 sessions (cervical spine, lumbar spine, left shoulder, left hand):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 99, Physical Medicine Topic.2. MTUS 9792.20f.2. MTUS page 8. Page(s): 8, 99.

Decision rationale: The applicant has already had prior treatment (9 to 12 sessions) in 2014 alone, seemingly compatible with and/or 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. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify further treatment. In this case, however, the fact that the applicant remains off of work, on total temporary disability, several years removed from the date of injury, suggests a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy at various points over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.