MAXIMUS Federal Services

Case Number:	CM14-0055544		
Date Assigned:	09/12/2014	Date of Injury:	04/17/2013
Decision Date:	10/24/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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, has a subspecialty in Preventive 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 neck pain, headaches, anxiety, and depression reportedly associated with an industrial injury of April 17, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; at least 16 prior sessions of physical therapy; topical compounded medications; 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 26, 2014, the claims administrator partially certified a request for 18 sessions of physical therapy as six sessions of the same. An office visit was retrospectively approved.In a progress note dated May 19, 2014, the applicant reported multifocal complaints of neck pain and headaches, 3-4/10. Derivative complaints of anxiety and stress were reported. The applicant had completed unspecified amounts of physical therapy over the course of the claim, the attending provider stated, and was reportedly performing home exercises. A Functional Capacity Evaluation, several topical compounded medications, a psychiatric referral, and additional physical therapy were sought while the applicant was placed off of work, on total temporary disability, for additional 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST BETWEEN 6/17/13 TO 8/17/13;18 PHYSIOTHERAPY TREATMENT SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-Physical Therapy;Neck & Back (acute and chronic)

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here. This recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, and remains highly reliant on other forms of medical treatment, including various topical compounded medications. All of the above taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite extensive physical therapy over the course of the claim. Therefore, the request for 18 retrospective sessions of physical therapy was not medically necessary.