

Case Number:	CM14-0060173		
Date Assigned:	06/20/2014	Date of Injury:	07/20/2011
Decision Date:	07/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 pain syndrome, myalgias, and myositis of various body parts reportedly associated with an industrial injury of July 20, 2011. 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 over the course of the claim, per the claims administrator, including 12-session courses in 2011 and 2012; epidural steroid injection therapy; trigger point injection therapy; unspecified amounts of acupuncture and manipulative therapy; extensive periods of time off of work; and reported return to regular work in late 2013. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In a November 22, 2013 pain psychology consultation, the applicant stated that she was happy back at full-time work. The applicant stated that she intended to remain at work. The applicant stated she was doing home exercises and was paying for self rehabilitation. The applicant stated that she is walking or jogging about three times a week for 45 minutes. The applicant stated that ergonomic adjustments made by her employer were making it easier for her to remain at work. It appears that the applicant's primary treating provider (PTP) requested to the 12 sessions of physical therapy at issue in a handwritten note dated December 10, 2013, somewhat difficult to follow and not entirely legible. The request was apparently predicated on the fact that medical legal evaluator had recommended 12 sessions of acupuncture and 12 sessions of physical therapy annually.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 sessions- cervial and right shoulder: Upheld

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

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

Decision rationale: The 12 sessions of physical therapy being proposed here, in and of themselves, represent 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 myositis of various body parts, the issue reportedly present here. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines both emphasize active therapy, active modalities, and self-directed home physical medicine. In this case, both the applicant and attending provider have seemingly acknowledged that the applicant has already returned to regular work. The applicant is apparently exercising three times a week, 45 minutes per episode. All of the above, taken together, suggest that the applicant is capable of independently transitioning to home exercises during the chronic pain phase of the injury, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for 12 sessions of physical therapy is not medically necessary.