

Case Number:	CM14-0159977		
Date Assigned:	03/09/2015	Date of Injury:	08/28/2013
Decision Date:	04/13/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 29, 2013. In a Utilization Review Report dated September 16, 2014, the claims administrator partially approved a request for 24 sessions of physical therapy as eight sessions of the same. The claims administrator's decision and rationale were quite sparse. A September 4, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On July 24, 2014, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of neck pain. Tramadol, Motrin, and Zanaflex were endorsed. Ancillary complaints of shoulder and neck pain were present. Ten sessions of physical therapy were endorsed at this point. On September 4, 2014, twelve additional sessions of physical therapy were proposed while the applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for twelve sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself, 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 myositis of various body parts, the diagnoses reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, on total temporary disability, as of the date of the request, despite receipt of extensive prior physical therapy in 2014 alone. The applicant remained dependent on various and sundry analgesic medications, including Motrin, tramadol, and Zanaflex. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.