

Case Number:	CM14-0195347		
Date Assigned:	12/03/2014	Date of Injury:	01/26/1996
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 paraplegia and chronic pain syndrome reportedly associated with an industrial injury of January 26, 1996. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a request for 9 sessions of physical therapy. The claims administrator stated that its decision was based on an RFA form and prescription for physical therapy dated November 4, 2014. The claims administrator did not incorporate any guidelines into its rationale but stated that its denial was based on the Third Edition ACOEM Guidelines at the bottom of the report. The applicant's attorney subsequently appealed. On July 8, 2014, the applicant was placed off of work, on total temporary disability, for an additional month. The applicant's paraplegia and functional status were unchanged, it was noted. The applicant is asked to perform home exercises and employ Vicodin for pain relief. On September 30, 2014, 13 sessions of physical therapy were sought while the applicant was placed off of work, on total temporary disability. On May 14, 2014, an orthopedic mattress, box-spring and frame were endorsed while the applicant was placed off of work, on total temporary disability. Vicodin was renewed. The note was very difficult to follow, handwritten, and not altogether legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Additional Physical Therapy lower extremities 3 times a week for 3 weeks, as an outpatient for submitted diagnosis Paraplegia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/LowBack>: Table 2, Summary of Recommendations, Low Back Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for neuralgia and/or neuritis of various body parts, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment and in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon a prescribing provider to furnish a prescription for therapy which "clearly states treatment goals." In this case, the request in handwritten progress notes did not clearly outline or state treatment goals. It is not clearly stated how further physical therapy could advance the applicant's activity level and/or overall level of functionality. The fact that the applicant remained dependent on opioids such as Vicodin and remained off of work, on total temporary disability for extensive portions of the claim imply a lack of functional improvement as defined in MTUS 9792.20f, despite seeming completion of 13 prior sessions of physical therapy in 2014 alone. Therefore, the request for additional physical therapy is not medically necessary.