MAXIMUS Federal Services

Case Number:	CM14-0197807		
Date Assigned:	12/08/2014	Date of Injury:	07/10/2014
Decision Date:	01/28/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 neck, shoulder, ankle, low back, and mid back pain reportedly associated with an industrial injury of July 10, 2014.In a Utilization Review Report dated October 24, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator stated that its decision was based on the MTUS Chronic Pain Medical Treatment Guidelines, Chapter 12 ACOEM Guidelines, and non-MTUS ODG Guidelines, none of which were incorporated into the report rationale. The claims administrator stated its decisions were based on an RFA form dated October 14, 2014.The applicant's attorney subsequent appealed. However, no clinical progress notes were incorporated into the Independent Medical Review packet, which comprised solely of the Utilization Review Report, IMR application, and proof of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 48, 299.

Decision rationale: The 12-session course of treatment proposed, in of itself, represents treatment well in excess of the one to two visits endorsed in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299 for education, counseling, and evaluation of home exercise transitioning purposes. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that it is incumbent upon an attending provider to furnish a prescription for therapy which "clearly states treatment goals." Here, by definition, the prescription did not clearly state treatment goals. No clinical progress notes were incorporated into the Independent Medical Review packet. The October 14, 2014 RFA form and order form of October 1, 2014 on which the article in question was requested were not incorporated into the Independent Medical Review packet. The information which is on file, furthermore, failed to support or substantiate the request. Therefore, the request is not medically necessary.