

Case Number:	CM14-0197918		
Date Assigned:	12/08/2014	Date of Injury:	03/20/2014
Decision Date:	01/23/2015	UR Denial Date:	11/11/2014
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 pain, mid back pain, and low back pain reportedly associated with an industrial motor vehicle accident (MVA) of March 20, 2014. In a Utilization Review Report dated November 11, 2014, the claims administrator denied a request for an additional six sessions of physical therapy. The claims administrator cited a November 3, 2014 progress note. The claims administrator stated that the applicant has had 28 sessions of physical therapy to date, 10 sessions of manipulative therapy, six sessions of acupuncture. The claims administrator suggested that the applicant was already working and already been declared permanent and stationary. The applicant's attorney subsequently appealed. In a June 11, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. Six additional sessions of chiropractic manipulative therapy were endorsed. The applicant was placed off of work, on total temporary disability, on this occasion. Additional acupuncture was also concurrently sought. On November 3, 2014, the applicant again reported ongoing complaints of neck, mid back, and low back pain. The applicant had apparently resumed working since September 2014. The applicant was working 12-hour stretch. 3-4/10 pain was reported. Some residual stiffness was appreciated. The applicant denied any radicular complaints. The applicant exhibited some tenderness about the parathoracic musculature with 5/5 upper and lower extremity strength appreciated. Additional physical therapy was sought. The applicant was returned to work at a rate of eight hours a day. Motrin, Methoderm, and Terocin were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3 for Mid Back and Neck: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The applicant has already had prior treatment (28 sessions, per the claims administrator) seemingly well 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 diagnosis reportedly present here. This recommendation, furthermore, is qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the applicants are expected to continue active therapy over the extent of the treatment progress in order to maintain improvement levels. Here, the applicant has already returned to work, albeit at a rate of 8 hours per day. The applicant was described on the most recent office visit of November 2014, referenced above, as exhibiting well preserved, 5/5 bilateral upper and bilateral lower extremity strength. The applicant does not, thus, have any significant residual physical impairment, which would warrant a lengthy formal course of physical therapy to rehabilitate. Therefore, the request is not medically necessary.