

Case Number:	CM14-0040339		
Date Assigned:	06/27/2014	Date of Injury:	08/24/2011
Decision Date:	01/07/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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 chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of June 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; 24 sessions of physical therapy, per the claims administrator; and extensive periods of time off of work. In a March 14, 2014 Utilization Review Report, the claims administrator denied a request for additional physical therapy. The applicant's attorney subsequently appealed. In a progress note dated December 18, 2013, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of neck, shoulder, wrist, low back, and knee pain. In a subsequent progress note dated February 26, 2014, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of neck, shoulder, wrist, low back, and knee pain. Physical therapy was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for cervical, lumbar & right shoulder 2 xs week x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Page(s): 99; 8.

Decision rationale: The 12-session course of treatment 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 issue reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite extensive prior physical therapy treatment over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.