

Case Number:	CM15-0002502		
Date Assigned:	01/13/2015	Date of Injury:	02/05/2002
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/06/2015

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, Ohio, 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 64-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain and shoulder pain reportedly associated with an industrial injury of February 5, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical spine surgery; earlier lumbar spine surgery; an earlier left shoulder surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated December 15, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as four sessions of the same. The applicant's attorney subsequently appealed. In a physical therapy progress note dated November 7, 2014, the treating therapist acknowledged that the applicant had completed eight recent sessions of treatment. The applicant received therapeutic exercise and manual therapy. The applicant still reported difficulty performing activities of daily living as basic as sitting, standing, and walking. In a progress note dated December 4, 2014, the applicant reported multifocal complaints of neck pain, shoulder pain, and back pain, highly variable, 3-9/10. The applicant's medical history was notable for hypertension and a melanoma. The applicant had undergone cervical spine surgery, lumbar spine surgery, surgical hardware removal, left shoulder surgery, appendectomy, hysterectomy, and a melanoma removal, it was stated. The applicant's medication list included Flector, Ambien, and Motrin. The applicant was asked to continue physical therapy and home exercises. It was suggested that the applicant was self-employed and no longer working for the state of California, her employer at the time of the injury. Twelve sessions of treatments were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (visits) Qty: 12: 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 topic. Page(s): 98-99.

Decision rationale: No, the request for 12 sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The applicant has had recent treatment in late 2014 alone (8 sessions, per the treating therapist), seemingly consistent with 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 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has already returned to work in an alternate capacity. The applicant is apparently now self-employed, the treating provider has suggested. The applicant should, thus, be capable of transitioning to self-directed home physical medicine without the lengthy formal course of therapy proposed here. Therefore, the request for 12 sessions of physical therapy was not medically necessary.