

Case Number:	CM15-0103426		
Date Assigned:	06/05/2015	Date of Injury:	11/05/1990
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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, New York, 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 47-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 5, 1990. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy. The claims administrator referenced a RFA form received on May 12, 2015 and associated progress note of April 27, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated May 12, 2015, electrodiagnostic testing of the upper extremities, 12 sessions of physical therapy, and Motrin were endorsed. In an associated progress note of April 27, 2015, the applicant reported multifocal complaints of neck, low back, and knee pain with ancillary complaints of wrist pain. The attending provider suggested that the applicant was able to perform his work and/or write a motorcycle toward the middle of the report. The applicant had completed 12 recent sessions of physical therapy, it was reported. Additional physical therapy, Motrin, and electrodiagnostic testing were sought. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT); Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: No, the request for 12 sessions of physical therapy for the cervical and lumbar spine was not medically necessary, medically appropriate, or indicated here. The applicant had had recent therapy (12 sessions, per the attending provider's progress note of April 27, 2015), seemingly in excess of the 9-to10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant had already returned to regular duty work as of the date of the request, April 27, 2015. The applicant was described as riding a motorcycle and performing his work in a satisfactory manner, despite ongoing pain complaints. It appeared, thus, that the applicant was capable of transitioning to self-directed, home-based physical medicine without the lengthy formal course of physical therapy at issue, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.