

<b>Case Number:</b>	CM15-0141521		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/30/2000
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 55-year-old who has filed a claim for chronic neck, shoulder, wrist, and low back pain reportedly associated with an industrial injury of June 30, 2000. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a June 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 16, 2015 progress note, the applicant reported ongoing complaints of back, arm, and neck pain, questionably at a rate of 7/10. The patient had superimposed issues with dyslipidemia, it was reported. The applicant's BMI was 27. The applicant was asked to continue physical therapy of the neck, shoulder, and low back. The applicant's work status in response to prior therapy was not detailed. The applicant was using Norco for pain relief it was reported toward the top of the report. On July 13, 2015, the applicant reported ongoing complaints of neck, shoulder, elbow, and low back pain. The applicant had undergone failed carpal tunnel release surgery, it was reported. The attending provider stated that the applicant was "unable to accomplish much around the house, let alone work." Norco was renewed. An elbow epicondylitis injection was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits:** 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 Guidelines; 8 Page(s): 99; 8.

**Decision rationale:** No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course suggested 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 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, it was reported on July 13, 2015, at which point the attending provider stated that the applicant was unable to accomplish much around the home, let alone work. The applicant remained dependent on other forms of medical treatment to include elbow epicondylitis injections and opioid agents such as Norco, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.