

Case Number:	CM15-0163713		
Date Assigned:	08/31/2015	Date of Injury:	01/17/2002
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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 58-year-old who has filed a claim for chronic neck, arm, back, and leg pain reportedly associated with an industrial injury of January 17, 2015. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve a request for an 18 sessions of physical therapy for the lumbar spine. The claims administrator referenced an RFA form received on July 15, 2015 in its determination. The claims administrator did, however, approve a request for Daypro, it was incidentally noted. The applicant's attorney subsequently appealed. On a progress note of July 13, 2015, the applicant reported multifocal complaints of neck, arm, back, and leg pain. The applicant was reportedly working, it was stated towards the top of the note. A well-preserved 5/5 motor function was appreciated. Some limitations of lumbar spine range of motion were present secondary to pain. Daypro, 18 sessions of physical therapy, and regular duty work were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x per week for 6 weeks to the lumbar spine: 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 Page(s): 98-99.

Decision rationale: No, the request for 18 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 18-session course of therapy at issue, in and of itself, represents treatment well 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, i.e., the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the information on the file in the form of July 13, 2015 progress note suggested that the applicant was working regular duty, exhibited well-preserved lower extremity motor function, and was, in short, capable of transitioning to self-directed, home-based physical medicine without the lengthy formal course of physical therapy at issue, as suggested on both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.