

Case Number:	CM15-0165735		
Date Assigned:	09/03/2015	Date of Injury:	09/01/2012
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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 63-year-old who has filed a claim for chronic neck, elbow, and wrist pain reportedly associated with an industrial injury of September 1, 2012. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a July 27, 2015 progress note in its determination. The claims administrator cited the mis-numbered "page 130" of the MTUS Chronic Pain Medical Treatment Guidelines in its determination. The applicant's attorney subsequently appealed. On March 11, 2015, the applicant was given a rather proscriptive 5-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. On April 23, 2015, the applicant reported ongoing complaints of elbow, neck, hand, and finger pain with associated upper extremity paresthesias. The applicant was off-of work and had been off of work since January 2013, it was reported. The same, unchanged, rather proscriptive 5-pound lifting limitation was renewed. The applicant had been deemed at maximal medical improvement (MMI) by a medical-legal evaluator, it was reported. Well-preserved, 5/5 upper extremity motor function was present. Eighteen sessions of physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 3 times per week for 4 weeks for cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for 12 additional sessions of physical therapy for the cervical spine 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, i.e., the diagnosis reportedly present here. This recommendation is, moreover, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicant 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, 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 and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for therapy which "clearly states treatment goals." Here, however, it was not clearly stated why the applicant could not transition to self-directed home-based physical medicine without the lengthy formal course of physical therapy at issue at this late stage in the course of the claim, i.e., some 2-1/2 to 3 years removed from the date of injury. The applicant was described as possessed of well-preserved, 5/5 upper extremity motor function on the April 23, 2015, seemingly argue against the need for further formal physical therapy. The same, unchanged, rather proscriptive 5-pound lifting limitation was renewed on that date, unchanged from previous visits, suggesting that the applicant had in fact plateaued in terms of the functional improvement measures established in MTUS 9792.20e following receipt of earlier unspecified amounts of physical therapy over the course of the claim. Clear treatment goals for further therapy, going forward, were not formulated. It did not appear that the applicant could stand to gain from further formal physical therapy in terms of the parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.