

Case Number:	CM15-0166495		
Date Assigned:	09/04/2015	Date of Injury:	10/14/2013
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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 back, neck, arm, thumb, and knee pain reportedly associated with an industrial injury October 14, 2013. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve a request for 10 sessions of physical therapy for the cervical spine. The claims administrator referenced a June 26, 2015 office visit in its determination. The claims administrator did seemingly partially approve 10 of the 12 treatments on the grounds the bulk of the applicant's treatment had allegedly involved treatment of other body areas. The applicant's attorney subsequently appealed. On July 24, 2015, the applicant reported ongoing complaints of neck, arm, low back, thigh, and knee pain. The applicant was reportedly unemployed and had been laid off. It was reported the applicant's medications included Flexeril, Naprosyn, and Elavil, it was reported. The applicant was obese, with BMI of 33, it was reported. 12 sessions of physical therapy were endorsed. The applicant exhibited a 10-pound lifting limitation. The treating provider contended that the applicant physical therapy had previously revolved around treatment of the effected lumbar spine and right arm and alleged that the applicant had never had physical therapy for the chronic neck pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for the cervical spine: 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 sessions of physical therapy for the cervical spine (AKA neck) was not medically necessary, medically appropriate, or indicated here. The 12-session course of 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 further qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, the attending provider did to clearly articulate the why treatment in excess of the MTUS parameters was sought. The attending provider did not clearly state why or how the applicant could stand to gain function from further physical therapy as of the relatively late stage in the course of the claim, i.e., several years removed from the date of injury. Clear goals for the therapy at issue were not seemingly articulated. Therefore, the request was not medically necessary.