

Case Number:	CM15-0166501		
Date Assigned:	09/04/2015	Date of Injury:	03/08/2013
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
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 64-year-old who has filed a chronic low back pain (LBP) reportedly associated with an industrial injury of March 8, 2013. In a Utilization Review report dated August 5, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator cited an RFA form received on July 31, 2015 in its determination. Progress notes of July 9, 2015 and July 17, 2015 were also referenced. The applicant attorney subsequently appealed. On an applicant questionnaire dated July 21, 2015, the applicant acknowledged that she was working despite ongoing pain complaints. The applicant was able to sit for one and half hours continuously and walk for up to one hour continuously, it was reported. The applicant contended that she was 60% improved at this point. In an associated progress note of July 21, 2015, the applicant reported ongoing complaints of neck and back pain, highly variable, 5 to 9/10. The applicant was working with restrictions in place, it was reported. 4+ to 5-/5 upper and lower extremity motor function were reported. Additional physical therapy was seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for an additional 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, i.e., the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates 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. Here, the applicant was described as having already returned to modified duty work effective July 21, 2015. The applicant did not have appeared to have significant residual deficits present as of that point in time. The applicant was reportedly working up to 12 hours a day; it was suggested on that date. All evidence on file, thus, pointed to the applicant's being 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.