

<b>Case Number:</b>	CM15-0181466		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/18/1999
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 67-year-old who has filed a claim for chronic low back and wrist pain reportedly associated with an industrial injury of March 18, 1999. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. An August 11, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated August 11, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of low back, wrist, and hand pain. The applicant was not working, it was stated toward the top of the note, admittedly through usage of pre-printed checkboxes. The applicant was asked to pursue percutaneous electrical nerve stimulation (PENS) therapy while seemingly remaining off of work. Medication selection and medication efficacy were not discussed or detailed. Physical therapy was apparently ordered, along with an orthopedic consultation, pain management consultation, and a psychiatric consultation. Facet joint injection therapy was sought. On May 22, 2015, the applicant reported ongoing complaints of low back pain. Tramadol, Neurontin, Ambien, Mobic, and Lidoderm patches were renewed and/or continued while acupuncture and facet joint injections were sought.

### 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: 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): Introduction, Physical Medicine.

**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 treatment at issue, in and of itself, represented treatment in excess of the 9- to 10-session course set forth 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 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 an attending provider should furnish a prescription for physical therapy or physical method which "clearly states treatment goals." Here, however, the handwritten progress note of August 11, 2015 was thinly and sparsely developed, difficult to follow, comprised, in large part, of pre-printed checkboxes, and did not establish specific goals for further physical therapy, going forward. The fact that the applicant remained off of work, on total temporary disability, coupled with the fact that the applicant remained dependent on a variety of analgesic and adjuvant medications to include tramadol, Neurontin, etc., taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request was not medically necessary.