

<b>Case Number:</b>	CM15-0191986		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 17, 2012. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced an RFA form received on September 18, 2015 and an associated progress note of September 9, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 9, 2015 office visit, the applicant reported ongoing complaints of low back pain with ancillary complaints of depression. The applicant had apparently returned to work, it was suggested toward the top of the note, following a recent flare in pain complaints. Cymbalta had been employed for depression and pain. Tramadol, Tylenol, and Cymbalta were all seemingly prescribed. The applicant exhibited diffuse tenderness on exam. The applicant's gait was not clearly characterized. Twelve sessions of physical therapy was sought while multiple medications were renewed. The applicant was seemingly returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias or myositis of various body parts, i.e., the diagnoses reportedly present here. This recommendation is further qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines 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 applicant was described on September 9, 2015 as having already returned to work. The applicant did not appear to have marked residual deficits present on that date. It appeared, thus, the applicant was capable of performing self-directed home-based physical medicine without the lengthy formal course of therapy at issue, just as she had already returned to work. Therefore, the request was not medically necessary.