

Case Number:	CM15-0195235		
Date Assigned:	10/09/2015	Date of Injury:	05/26/2015
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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 27-year-old who has filed a claim for low back and shoulder pain reportedly associated with an industrial injury of May 26, 2015. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for an extension of physical therapy for the lumbar spine. The claims administrator referenced an RFA form received on September 15, 2015 in its determination, along with an office visit dated August 31, 2015. The applicant's attorney subsequently appealed. On a handwritten note dated August 19, 2015, difficult to follow and not entirely legible, the applicant apparently received physical therapy treatments. Persistent complaints of popping pain about the mid and low back were reported. The note was difficult to follow and not altogether legible. The applicant's work and functional status was not detailed. On an RFA form dated July 22, 2015, 10 sessions of physical therapy, Naprosyn, Prilosec, Flexeril, MRI imaging of the bilateral shoulders, and MRI imaging of the lumbar spine were endorsed. The applicant was placed off of work, on total temporary disability. The claimant received approval for 9 sessions of physical therapy of the elbows and wrists, 10 sessions of physical therapy for the lumbar spine, 10 sessions of physical therapy for the shoulders, and 10 sessions of physical therapy for the cervical spine via a prior Utilization Review report dated August 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT Physical Therapy Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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 an extension of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 48 notes that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, the request for an unspecified amount of physical therapy over an unspecified duration, by definition, did not clearly state treatment goals. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, it appeared that the applicant had already had prior physical therapy authorized seemingly well 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. It did not appear that the applicant had responded favorably to the same. The applicant remained off of work, on total temporary disability, it was suggested on July 27, 2015. The applicant remained dependent on a variety of analgesic medications to include Naprosyn, Flexeril, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of extensive prior physical therapy over the course of the claim through the date of the request. Therefore, the request for an extension of physical therapy was not medically necessary.