

Case Number:	CM15-0195242		
Date Assigned:	10/09/2015	Date of Injury:	03/18/2015
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
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 36-year-old who has filed a claim for chronic neck, shoulder, and elbow pain reportedly associated with an industrial injury of March 18, 2015. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for an additional 6 sessions of physical therapy. The claims administrator referenced an August 31, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said office visit dated August 31, 2015, the applicant reported multifocal complaints of knee, shoulder, elbow, and hand pain, exacerbated by lifting, bending, and stooping. The applicant also reported episodic vertigo, headaches, light sensitivity, nausea, and mental fog. The applicant had been terminated by her former employer and was receiving disability benefits, the treating provider suggested toward the top of the note. Six sessions of physical therapy were sought. Meclizine was endorsed for dizziness. The attending provider acknowledged that the applicant's presentation was benign. The applicant exhibited a normal gait with full range of motion about the injured body parts. The attending provider returned the applicant to regular duty work (on paper), while acknowledging that the applicant had been terminated by her former employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, six sessions for the right shoulder, right elbow, and low back:

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 an additional 6 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, 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 attending provider reported on August 31, 2015 that the applicant exhibited a normal gait, exhibited a benign exam and/or benign presentation, exhibited full range of motion about the injured body part, and so on. The evidence on file, thus, pointed to the applicant's having little significant impairment present on the office visit at issue. It appeared, thus, that the applicant was in fact capable of transitioning to self-directed home-based physical medicine without the lengthy formal course of physical therapy at issue, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.