

Case Number:	CM15-0199586		
Date Assigned:	10/14/2015	Date of Injury:	01/16/2004
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/10/2015

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, mid back, and shoulder pain reportedly associated with an industrial injury of January 16, 2004. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve a request for 8 sessions of physical therapy. The claims administrator referenced an August 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 10, 2015, 8 sessions of physical therapy were sought. On an associated progress note dated August 25, 2015, the claimant reported continued complaints of neck, mid back, and shoulder pain, at times severe. Eight sessions of physical therapy were sought. The applicant exhibited tenderness and limited range of motion about the cervical and shoulder paraspinal musculature. The applicant's work status was not furnished. The applicant was described as "minimally changed" when contrasted against a prior visit dated July 1, 2015, the treating provider reported. On July 1, 2015, additional physical therapy, Motrin, Prilosec, and Flexeril were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for 4 weeks of the cervical, thoracic, and right shoulder:
 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): Introduction, Physical Medicine.

Decision rationale: No, the request for 8 sessions of physical therapy for the cervical spine, thoracic spine, and right shoulder was not medically necessary, medically appropriate, or indicated here. The applicant had seemingly had prior treatment in 2015 alone in-line with 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 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, however, the applicant's work status was not reported on the August 26, 2015 office visit at issue, suggesting that the applicant was not, in fact, working. The treating provider stated that the applicant was "minimally changed" when contrasted against a prior visit on that date. All of the foregoing, 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 through the date of the request, August 26, 2015. Therefore, the request for an additional 8 sessions of physical therapy was not medically necessary.