

Case Number:	CM15-0026622		
Date Assigned:	02/19/2015	Date of Injury:	07/07/2013
Decision Date:	04/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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 45-year-old [REDACTED] employee who has filed a claim for chronic low back, elbow, and knee pain reportedly associated with an industrial injury of July 7, 2013. In a Utilization Review dated February 2, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy to the arm and leg. An RFA form received on January 22, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated January 8, 2014, the applicant was placed off of work, on total temporary disability. The applicant had been homeless, it was stated at one point. Neck pain, arm pain, leg pain, back pain, anxiety, and depression were reported. The applicant was again placed off of work on July 23, 2014. Eight sessions of physical therapy were endorsed at that point in time. Multifocal pain complaints were evident. Additional physical therapy, knee brace, and an elbow brace were endorsed on November 12, 2014. On December 1, 2014, the applicant was, once again, placed off of work, on total temporary disability, owing to multifocal complaints of arm, leg, neck, and low back pain, moderate-to-severe. Anxiety and depression were also evident. Eight additional sessions of physical therapy were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 8 visits to the left arm/left leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for eight additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant has seemingly had extensive prior physical therapy over the course of the claim, seemingly well in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies its recommendation by noting that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of extensive prior physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.