

Case Number:	CM15-0027556		
Date Assigned:	03/27/2015	Date of Injury:	07/18/2011
Decision Date:	05/01/2015	UR Denial Date:	01/13/2015
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 51-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 8, 2011. In a Utilization Review report dated January 13, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced an RFA form of January 5, 2015 in its determination. The applicant's attorney subsequently appealed. In a physical therapy progress note dated January 13, 2015, the applicant was described as having ongoing complaints of pain ranging from 6 to 7/10. The applicant stated that his pain complaints were limiting his ability to perform various activities of daily living. The applicant received a cervical epidural steroid injection on January 21, 2015. In a progress note dated October 9, 2014, the applicant was placed off of work, on total temporary disability. Norflex, Neurontin, and Terocin patches were endorsed. Ongoing complaints of neck pain were noted status post earlier failed cervical spine surgery and status post multiple epidural steroid injections, the attending provider acknowledged.

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 six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines ? Page(s): 99.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12 sessions of course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect 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 work, on total temporary disability, as of the date additional physical therapy was proposed. The applicant remained dependent on various analgesic medications, including topical compounds such as Terocin, Norflex, Neurontin, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.