

Case Number:	CM15-0029084		
Date Assigned:	02/23/2015	Date of Injury:	05/16/2014
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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 67-year-old [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 16, 2014. In a Utilization Review Report dated January 3, 2015, the claims administrator failed to approve request for six sessions of physical therapy for the ribs and/or thoracic spine. A January 19, 2015 progress note and associated RFA form were referenced in the determination. On January 9, 2015, the applicant was given an extremely proscriptive limitation of no lifting more than 10 pounds. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. Limited range of motion was evident. The applicant's medications included metformin, Zestril, glipizide, pravastatin, Allegra, Flonase, and Tylenol. The applicant did have comorbid diabetes, it was acknowledged. In a physical therapy progress note of January 14, 2015, it was acknowledged that the applicant was not working and was unable to work secondary to various pain complaints. This was the applicant's 15th session of physical therapy, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 x week x 2 weeks, right rib/thoracic: Upheld

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

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

Decision rationale: No, the request for six sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had already had prior treatment (at least 15 sessions, per the treating therapist), seemingly 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 recommendations by noting that there must be demonstration of functional improvement at various milestones in treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work on total temporary disability, despite receipt of 15 prior sessions of physical therapy. Neither the treating therapist nor the attending provider outlined any material or meaningful improvements in function effected as result of the 15 prior sessions of physical therapy. A rather proscriptive 10-pound lifting limitation remained in place, seemingly unchanged, from visit to visit. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of extensive prior physical therapy. Therefore, the request was not medically necessary.