

Case Number:	CM15-0046104		
Date Assigned:	03/18/2015	Date of Injury:	03/22/1994
Decision Date:	04/23/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 60-year-old female, who sustained an industrial injury on 3/22/1994. She has reported a slip and fall injuring the neck and back. The initial injury resulted in diagnoses including cervical disc protrusion, bilateral shoulder impingement, lumbar disc desiccation, bilateral hip pain, bilateral knee pain and headaches. Treatment to date has included medication therapy, physical therapy, psychotherapy cervical epidural injections. Currently, the IW complains of total body pain, chronic fatigue and problem sleeping. There was increased pain and stiffness in the neck with cessation of the prior physical therapy treatments. The physical examination from 12/19/14 documented trigger point tenderness. The diagnoses have included myalgia, myositis, and internal derangement knee. The plan of care included continuation of physical therapy three times and week for twelve weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times a week for four (4) weeks (12 sessions): 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 Page(s): 98-99.

Decision rationale: This patient has a date of injury of 03/22/94 and presents with chronic fibromyalgia. The current request is for Physical Therapy 3 Times A Week For Four 4 Weeks 12 Sessions. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. On 01/23/15, the treating physician appealed the request stating that the requested number of sessions is appropriate and justifiable as the patient suffers from fibromyalgia and PT in the past has been helpful. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.