

Case Number:	CM15-0048420		
Date Assigned:	03/20/2015	Date of Injury:	07/29/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/13/2015

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 43-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 29, 2013. In a Utilization Review Report dated March 12, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. An RFA form of March 5, 2015 and progress note of February 25, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 25, 2015, the applicant reported ongoing complaints of low back pain. The treating provider acknowledged that the applicant was not working. The applicant's pain complaints were preventing him from returning to work, it was suggested in one section of the note. Mobic and eight additional sessions of physical therapy were proposed, in another section of the note. Somewhat incongruously, the attending provider stated that the applicant could return to regular duty work in yet another section of the note. The applicant was returned to regular duty work (on paper) in the bottom of the report, it was seemingly suggested. Earlier physical therapy progress notes interspersed throughout February 2015 suggested that the applicant had had eight sessions of physical therapy in February 2015 alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the request for eight additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant had received eight sessions of physical therapy in February 2015 alone. The applicant was returned to regular duty work by the primary treating provider (PTP) via a progress note dated February 25, 2015. The applicant was described as having little-to-no residual physical impairment evident on that date. Additional physical therapy on the order of that proposed, thus, was not indicated as it appeared that the applicant was capable of transitioning to self-directed physical medicine as of the date of the request, without the lengthy formal course of therapy proposed here. Therefore, the request was not medically necessary.