MAXIMUS Federal Services

Case Number:	CM15-0048582		
Date Assigned:	03/20/2015	Date of Injury:	09/08/2014
Decision Date:	05/05/2015	UR Denial Date:	02/15/2015
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 60-year-old who has filed a claim for chronic low back, knee, rib, pelvis, and chest wall pain reportedly associated with an industrial contusion injury of September 8, 2014. In a Utilization Review report dated February 15, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the knee. A progress note of January 29, 2015 and a RFA form of February 6, 2015 were referenced in the determination. The missed numbered page 474 of the MTUS Chronic Pain Medical Treatment Guidelines was invoked, despite the fact that the MTUS Chronic Pain Medical Treatment Guidelines only have 174 pages. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported ongoing complaints of left upper extremity paresthesias and ancillary complaints of gastrointestinal distress. Electrodiagnostic testing of left upper extremity was endorsed. The applicant was apparently given Valium. The applicant's work status was not clearly stated. In a progress note dated January 26, 2015, the applicant was placed off of work, on total temporary disability, while 12 sessions of physical therapy were proposed. Norco, Motrin, and Valium were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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-session course of therapy proposed, in and of itself represents treatment 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. It is further noted that this recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The applicant remained dependent on various analgesic and anxiolytic medications, including Norco and Valium, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. All of the foregoing, taken together, suggests that 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 for additional physical therapy was not medically necessary.