

Case Number:	CM15-0089437		
Date Assigned:	05/13/2015	Date of Injury:	04/29/2010
Decision Date:	06/17/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/08/2015

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 48-year-old who has filed a claim for chronic low back, knee, neck, and groin pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of April 29, 2010. In a Utilization Review report dated April 3, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a February 23, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 4, 2015, difficult to follow, not entirely legible, the applicant presented with multifocal complaints of low back, knee, and groin pain with derivative complaints of anxiety. The applicant was apparently asked to try and lose weight and consider a herniorrhaphy procedure. The applicant did have derivative complaints of depression and anxiety, it was noted. The applicant was placed off of work, on total temporary disability. Earlier progress notes of November 24, 2014, January 6, 2015, and February 3, 2015 were equally sparse and also suggested that the applicant was off of work, on total temporary disability, on those dates. On February 23, 2015, 12 sessions of physical therapy were endorsed for ongoing complaints of low back pain. The applicant did exhibit an antalgic gait, it was suggested. Bending, stooping, squatting, sitting, and walking remained problematic, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x per week x 6 weeks for the lumbar spine, right knee & right foot:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 for the lumbar spine, right knee, and right foot was not medically necessary, medically appropriate, or indicated here. The 12 sessions of physical therapy at issue, in and of themselves, represent treatment in excess of 9 to 10 sessions course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses 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 there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. Activities of daily living as basic as sitting, standing, walking, lifting, and bending remained problematic, the treating provider reported on February 23, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy. Therefore, the request for additional physical therapy was not medically necessary.