

Case Number:	CM15-0232211		
Date Assigned:	12/07/2015	Date of Injury:	07/12/2010
Decision Date:	01/14/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/25/2015

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 [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 12, 2010. In a Utilization Review report dated November 2, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy, seemingly as part of the functional restoration aftercare program. The claims administrator referenced an October 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 21, 2015, the applicant reported ongoing issues with chronic neck pain status post earlier lumbar spine surgery. Permanent work restrictions were renewed. The applicant was no longer working and reportedly "retired" from her former position as a firefighter, at age 36, the treating provider reported. The treating provider suggested that the applicant was attending course work and was performing a home exercise program of her accord. The applicant was asked to follow up in six weeks. On a November 24, 2015 appeal letter, the treating provider suggested that the applicant attend 8 additional sessions of physical therapy as part of a functional restoration program aftercare program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks of aftercare program, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for 8 sessions of physical therapy as part of a functional restoration aftercare program was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the applicant should be instructed and/or expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, the attending provider acknowledged on October 21, 2015 that the claimant was already performing home exercises of her own accord, was attending twice-weekly independent aquatic exercise program, and was attending classes on biology and child development. All of the foregoing, taken together, suggested that the claimant was, in fact, capable of transitioning to the self-directed, home-based physical medicine without the lengthy, formal course of physical therapy at issue, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Clear goals for further treatment, going forward, were not seemingly articulated. Therefore, the request is not medically necessary.