

Case Number:	CM14-0163439		
Date Assigned:	10/08/2014	Date of Injury:	10/28/2013
Decision Date:	11/13/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 low back pain reportedly associated with an industrial injury of October 28, 2013. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant reported persistent complaints of shoulder pain. Painful shoulder range of motion was noted. The applicant was given a diagnosis of labral tear. Eight sessions of physical therapy were sought at this point. The applicant's work status was not furnished. On August 19, 2014, the applicant reported persistent complaints of mid and low back pain. A 20-pound lifting limitation was endorsed. It was not evident whether the applicant was working or not. On August 19, 2014, the applicant was declared permanent and stationary. On September 16, 2014, the applicant apparently transferred care to a new primary treating provider, reporting persistent complaints of low back and shoulder pain. The applicant was given diagnoses of lumbar degenerative disk disease, foraminal stenosis, and sacroiliitis. Epidural steroid injection therapy, Naprosyn, and 12 sessions of physical therapy were sought. A 20-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Rehabilitation Therapy Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99 and 8.

Decision rationale: The 12-session course of treatment 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 issue reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is seemingly off of work. The applicant has had unspecified amounts of physical therapy over the course of the claim. Earlier physical therapy has failed to curtail the applicant's dependence on various and sundry analgesic medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.