

Case Number:	CM14-0210226		
Date Assigned:	12/23/2014	Date of Injury:	11/01/2013
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Ohio, 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 low back and wrist pain reportedly associated with an industrial injury of November 1, 2013. In a Utilization Review Report dated December 2, 2014, the claims administrator denied a request for six sessions of physical therapy. The claims administrator suggested that the applicant had had applicant an unspecified wrist surgery and had 24 sessions of physical therapy over the course of the claim. The MTUS Postsurgical Treatment Guidelines were cited, despite the fact that neither the date nor nature of the surgery was detailed. The claims administrator referenced a November 20, 2014 RFA form in its determination, but did not describe or detailed the same. The applicant's attorney subsequently appealed. In a November 20, 2014 RFA form, six sessions of acupuncture and six sessions of physical therapy were sought. In an associated progress note dated November 18, 2014, the applicant was placed off of work, on total temporary disability. 4 to 5/10 wrist and low back pain were endorsed. The applicant was apparently also using Motrin for pain relief, it was stated. The applicant had undergone an open reduction and internal fixation of radial fracture, it was stated. The date of surgery was not furnished. In a September 29, 2014 progress note, it was suggested that the applicant had undergone the ORIF surgery on or around the date of injury, in November 1, 2013. On July 7, 2014, it was again stated that the applicant remained off of work, on total temporary disability, owing to ongoing complaints of wrist and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 Sessions to Lumbar Spine and Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: The applicant has had prior treatment (24 sessions), per the claims administrator, seemingly 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. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant is off of work, on total temporary disability. The attending provider's handwritten progress note did not contain any meaningful discussion of how the applicant had improved through earlier physical therapy treatment. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary.