

Case Number:	CM15-0174022		
Date Assigned:	09/15/2015	Date of Injury:	12/18/2013
Decision Date:	10/22/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/03/2015

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 55-year-old, who has filed a chronic low back, elbow, and wrist pain reportedly associated with industrial injury of December 18, 2013. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve a request for 12 to 18 sessions of physical therapy. The claims administrator referenced RFA forms of July 30, 2015 and June 20, 2015 in its determination. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of elbow, wrist, knee, and low back pain. Ancillary complaints of headaches were reported. The applicant was on Ultracet, it was reported. On June 25, 2015, the applicant again reported multifocal pain complaints. The applicant exhibited a visibly antalgic gait. The applicant was placed off of work, on total temporary disability. Ultracet and topical Terocin were endorsed, along with a "12-to-18" session course physical therapy in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: No, the request for 12 to 18 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-to-18-session course of physical therapy at issue, in and of itself, represented treatment in excess of the 9 to-10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis 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 demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, the fact that the applicant remained off of work, on total temporary disability, as of the June 25, 2015 office visit, coupled with the applicant's continued dependence on opioids agents to include Ultracet, taken together, suggested that lack of functional improvement is defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Clear goals for further therapy were not articulated. It is not clearly stated how (or if) the applicant could stand to gain from further therapy, going forward. Therefore, the request was not medically necessary.