

Case Number:	CM15-0174247		
Date Assigned:	09/16/2015	Date of Injury:	10/18/2012
Decision Date:	10/23/2015	UR Denial Date:	09/03/2015
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 40-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 18, 2012. In a utilization review report dated September 3, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the cervical spine while approving follow-up visits. Non-MTUS Chapter 7 ACOEM Guidelines were invoked and, moreover, mislabeled as originating from the MTUS. Progress notes of July 1, 2015 and July 9, 2015 were cited in the determination. The applicant's attorney subsequently appealed. On a progress note of July 29, 2015, Wellbutrin was continued. The applicant had various issues to include depression, low back pain, neck pain, gastritis, hypertension, insomnia, it was reported through preprinted check boxes. There was no seeming mention of the need for physical therapy on this date. The claims administrator's medical evidence log, however, suggested that the July 29, 2015 progress note and an associated proof of service dated August 5, 2015 in fact represented the sole notes on file; thus, the July 1, 2015, July 9, 2015 and August 25, 2015 office visits which the claims administrator based his decision upon were not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 cervical spine: 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.

Decision rationale: No, the request for six sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. The July 29, 2015 progress note provided made no mention of the need for physical therapy. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines likewise stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, again, the applicant's work and functional status were not clearly outlined on July 29, 2015. The applicant's response to earlier therapy through that date was not detailed. While it is acknowledged that the July 1, 2015, July 9, 2015, and August 25, 2015 progress notes from which the claims administrator based his decision upon were not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.