

Case Number:	CM15-0065135		
Date Assigned:	04/13/2015	Date of Injury:	12/24/2013
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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 claim for chronic low back, ankle, and wrist pain reportedly associated with an industrial injury of December 24, 2013. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a progress note of February 17, 2015 and a RFA form of February 22, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated January 20, 2015, 12 sessions of physical therapy and a follow-up visit were proposed. Little-to-no narrative commentary was attached. In an associated progress note of January 15, 2015, the applicant was given a rather proscriptive limitation of 'sedentary work only.' The applicant was described as having 'retrogressed.' Twelve sessions of physical therapy were endorsed. Little-to-no narrative commentary was attached. It did not appear that the applicant was working at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, right ankle and right wrist, three times weekly for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. 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 diagnosis reportedly present here. This recommendation is, however, 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 ACOEM Chapter 3, page 48 to the effects that prescriptions for physical therapy should "clearly state treatment goals." Here, however, the applicant did not appear to be working with rather proscriptive limitations in place as of January 15, 2015. It did not appear, in short, that the applicant had demonstrated progression in terms of the functional improvement parameters established in MTUS 9792.20f with earlier physical therapy treatment. The January 15, 2015 progress note and January 20, 2015 RFA form were sparse, thinly developed, and contained little-to-no narrative commentary. Clear treatment goals were not articulated. Therefore, the request was not medically necessary.