

<b>Case Number:</b>	CM15-0066271		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 58-year-old who has filed a claim for chronic low back, leg, and thigh pain reportedly associated with an industrial injury of June 13, 2014. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve a request for two separate requests for physical therapy for the thigh. A partial approval was apparently issued. A January 30, 2015 progress note was referenced in the determination. The claims administrator seemingly stated that it was approving seven total additional sessions of treatment. The claims administrator stated that the request had been initiated by a new treating provider to whom the applicant had transferred care on January 30, 2015. On March 30, 2015, the applicant reported ongoing complaints of groin pain, foot pain, low back pain, and leg pain. Sitting remained problematic. The applicant was having difficulty doing heavy chores and housework. Highly variable pain complaints ranging from 4-8/10 were noted. The applicant was using Norco, Naprosyn, Zestril, and tizanidine. The applicant was not working and currently unemployed, it was reported. Work restrictions were endorsed, along with additional physical therapy to include myofascial release, ultrasound, and heat modalities. MRI imaging of the thigh was endorsed. In an earlier note dated January 30, 2015, the attending provider noted that the applicant was off of work, on total temporary disability. The applicant was apparently in the process of transferring care to another provider. The applicant had been laid-terminated by his former employer, it was acknowledged. The treating provider stated that the applicant had only completed three sessions of physical therapy prior to the date of the request, during the acute phase of the claim. The treating provider suggested that the applicant had had difficulty previously participating in

physical therapy owing to pain complaints. 4-8/10 pain complaints were reported. The applicant was on Zestril, Naprosyn, and Norco, it was noted. The applicant's BMI was 26. The applicant exhibited normal lower extremity muscle strength and reflexes. Hip range of motion was limited secondary to pain with tenderness about the thigh musculature. Lumbar paraspinal tenderness was also noted. Zanaflex, MRI imaging of the thigh, and 10 sessions of physical therapy were proposed. The attending provider stated that passive modalities including myofascial release and ultrasound would be employed sparingly for the purposes of facilitating the applicant's mobilization.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy, twice a week for two weeks for the right thigh:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** Yes, the request for four sessions of physical therapy for the right thigh was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 9 to 10 sessions of treatment is recommended for myalgias and myositis of various body parts, the diagnoses reportedly present here. The request in question was initiated on January 30, 2015. At that point in time, the treating provider stated that the applicant had had only three previous treatments earlier in the course of the claim. The three treatments did not transpire during the chronic pain phase of the claim, the treating provider noted. The applicant reportedly had significant thigh impairment present on or around the date of the request, January 30, 2015, with associated functional constraints in terms of sitting, standing, walking, and bending activities. The four sessions of physical therapy at issue, thus, were indicated to facilitate the applicant's return to work. Therefore, the request is medically necessary.

**Physical Therapy, three times a week for two weeks to the right thigh:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** Similarly, the request for six sessions of physical therapy for the thigh was likewise medically necessary, medically appropriate, and indicated here. The six sessions of treatment at issue, coupled with the request for four sessions of therapy above, in question #1, do represent treatment at a rate, frequency, and overall amount compatible with 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 diagnoses reportedly present here. Here, the request in question was framed as a first-time request for treatment during the chronic pain phase of the claim. The applicant presented to his new treating provider on January 30, 2015. The applicant had significant impairment involving the thigh on or around that date, it was further noted. The applicant was not working and had difficulty performing activities of daily living as basic as sitting, standing, walking, and bending, it was further noted. The six-session course of therapy at issue, thus, was indicated to facilitate the applicant's return to work. Therefore, the request is medically necessary.