

Case Number:	CM15-0069975		
Date Assigned:	04/17/2015	Date of Injury:	04/30/2010
Decision Date:	05/19/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/13/2015

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 61-year-old who has filed a claim for chronic low back, neck, shoulder, and elbow pain reportedly associated with an industrial injury of April 30, 2010. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for physical therapy for the lumbar and cervical spines. The claims administrator referenced progress notes of January 20, 2015, January 26, 2015, and January 15, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was dated August 8, 2014. On May 1, 2014, the applicant reported multifocal complaints of neck, upper back, shoulder, and elbow pain. The applicant was working regular duty without any restrictions, it was acknowledged. The applicant was given a 5% whole person impairment rating on this date. It was suggested in one section of the note that the applicant was working regular duty, while another section of the note stated that the applicant was not working. In a Medical-legal Evaluation dated August 8, 2014, the applicant reported ongoing complaints of neck, mid back, low back, and shoulder pain. The applicant was working regular duty without restrictions, it was reported on this occasion. The applicant was only using Motrin and Tylenol for pain relief, it was reported on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluate and treat 3x3, cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the request for nine sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, historical notes of May and August 2014, referenced above, suggested that the applicant had already returned to regular duty work, seemingly had little in the way of residual physical impairment, and was, thus, capable of transitioning to self-directed home-based physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines without the lengthy formal course of physical therapy proposed here. While it is acknowledged that several progress notes made available to the claims administrator, including the progress note on which the article in question was sought, were not incorporated into the Independent Medical Review packet, the historical information on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Physical therapy evaluate and treat 3x3, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Similarly, the request for nine sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant had already returned to work, per historical notes of May and August 2014, referenced above. The applicant was described as having little in the way of significant residual impairment on this date. It appeared, thus, based on the information provided, that the applicant was, in fact, capable of transitioning to self-directed home-based physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. While it is acknowledged that the more recent progress notes made available to the claims administrator were not incorporated into the IMR packet, the information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

