

Case Number:	CM15-0071498		
Date Assigned:	04/21/2015	Date of Injury:	04/21/2008
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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 50-year-old who has filed a claim for chronic low back, mid back, and hip pain reportedly associated with an industrial injury of April 21, 2008. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a RFA form received on April 1, 2015 in its determination, along with a progress note of March 10, 2015. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported ongoing complaints of hip, leg, and low back pain. Standing and walking remained problematic.

Viscosupplementation injection therapy was endorsed. The applicant had apparently undergone earlier right hip surgery. An antalgic gait was appreciated. The applicant's medication list included Celexa, Flomax, Prilosec, Lunesta, Suboxone, vitamins, and Zestril. The applicant did have derivative complaints of depression, it was acknowledged. A hip trochanteric bursa injection and additional physical therapy were apparently proposed. The applicant's work status was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Disorders.

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

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 physical therapy 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 further qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." Here, clear treatment goals were not stated on March 10, 2015. It was not clearly stated how the applicant would profit from such a lengthy formal course of physical therapy in excess of MTUS parameters. The applicant's work and functional status were unknown. It was not clearly stated what activities and/or functionalities could specifically profit from further physical therapy. Therefore, the request was not medically necessary.