

Case Number:	CM15-0075182		
Date Assigned:	04/27/2015	Date of Injury:	05/30/2013
Decision Date:	05/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/20/2015

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 59-year-old who has filed a claim for chronic low back, knee, ankle, foot, elbow, and wrist pain reportedly associated with an industrial injury of May 30, 2013. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator contented that the applicant had yet to complete 9 of 12 recently authorized treatments. The claims administrator referenced a March 9, 2015 progress note in its determination, along with a variety of non-MTUS Guidelines in its rationale, including non-MTUS Chapter 6, ACOEM Guidelines. The applicant's attorney subsequently appealed. On March 9, 2015, the applicant reported ongoing complaints of hand, wrist, elbow, knee, hip, and ankle pain. Electrodiagnostic testing of bilateral lower extremities, MRI imaging of the hip, electrodiagnostic testing of the bilateral upper extremities, and MRI imaging of the left and right knees, an interferential unit device, Naprosyn, topical compounded medications, and 12 sessions of physical therapy were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 6 weeks for the Bilateral arms and legs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG Physical/Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for 12 sessions of physical therapy for the bilateral arms 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 MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that there must be demonstration of functional improvement at various milestones in treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, March 9, 2015. The applicant remained dependent on various other forms of medical treatment, including interferential current stimulation, topical compounds, corticosteroid injection therapy, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim, including somewhere between 3 and 12 prior treatments in 2015 alone. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.