

Case Number:	CM14-0153689		
Date Assigned:	09/23/2014	Date of Injury:	12/01/2012
Decision Date:	11/06/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic low back, left shoulder, neck, and myofascial pain syndrome reportedly associated with an industrial injury of December 1, 2012. Thus far, the applicant has been treated with analgesic medications; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for 18 sessions of physical therapy, approved certain follow-up visits, and denied another follow-up visit. The applicant's attorney subsequently appealed. In a handwritten note dated August 29, 2014, the applicant reported persistent complaints of low back and shoulder pain. Limited range of motion was appreciated by both areas. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said 10-pound lifting limitation in place. 18 sessions of physical therapy and follow-up visits were sought. In an earlier note dated April 22, 2014, the applicant was given perspirations for Flexeril, Voltaren, and Prevacid. The applicant was placed off of work, on total temporary disability while MRI imaging of the numerous body parts was sought. It was stated that the applicant had issues with alcoholism, depression, and marijuana use.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

Decision rationale: The 18-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 issue reportedly present here. No compelling applicant-specific rationale for treatment insofar in excess of the MTUS parameters was proffered by the attending provider. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. In this case, the applicant appears to be off of work with a rather proscriptive 10-pound lifting limitation in place. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Follow-up with [REDACTED]: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 207, the frequency of an applicant's follow-up visit should be dictated by an applicant's work status. In this case, the applicant is seemingly off of work. More frequent follow up visits with the treating provider may therefore be indicated. Accordingly, the request is medically necessary.