

Case Number:	CM13-0002331		
Date Assigned:	01/10/2014	Date of Injury:	04/09/2010
Decision Date:	06/25/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/22/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back, shoulder, and knee pain reportedly associated with an industrial injury of April 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; electrical stimulation; and extensive periods of time off of work. In a Utilization Review Report of July 15, 2013, the claims administrator denied a request for 12 sessions of physical therapy, stating that the applicant had had at least 12 prior sessions of treatment and had seemingly plateaued with the same. The claims administrator referenced a May 24, 2013 progress note in its denial. A clinical progress note of May 24, 2013 was notable for comments that the applicant reported persistent low back, shoulder, and knee pain. The applicant had an antalgic gait, joint line tenderness, and knee effusion, and was asked to pursue 12 sessions of physical therapy, including passive modalities, such as heat, ice, and ultrasound. Portions of the report were truncated as a result of repetitive photocopying and faxing. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY LT KNEE 2X6 FOR STRETCHING AND STRENGTHENING:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: SHOULDER TREATMENT GUIDELINES, ,

Decision rationale: The 12-session course of treatment being proposed here, in and of itself does represent treatment in excess of the 9- to 10-session course recommended on page 99 of the Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that pages 98 and 99 of the Chronic Pain Medical Treatment Guidelines both emphasize active therapy, active modalities, and tapering or fading the frequency of treatment over time during the chronic pain phase of an injury. In this case, however, the attending provider's request for passive modalities, including heat, ultrasound, etc., thus, did not conform to MTUS parameters. The applicant's response to earlier treatment and presence or absence of functional improvement with the same was likewise not clearly detailed. Accordingly, the request is not medically necessary, for all of the stated reasons.