

Case Number:	CM13-0005624		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2011
Decision Date:	03/20/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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, knee, ankle, shoulder, and neck pain with derivative psychological stress reportedly associated with an industrial injury of November 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of July 26, 2013, the claims administrator certified a psychological evaluation and partially certified a request for 18 sessions of physical therapy as three sessions of physical therapy. It is noted that the claim administrator cited non-MTUS ODG Physical Therapy Guidelines. The applicant's attorney subsequently appealed. In a December 20, 2013 progress note, it is noted that the applicant reports persistent low back pain, frozen left shoulder, ankle pain, knee pain, and depression secondary to an industrial injury. The applicant was asked to consult a nutritionist and employ various medications including Flexeril, Voltaren, Wellbutrin, tramadol, Prilosec and Norco while remaining 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 three (3) times a week for six (6) weeks for the left shoulder, QTY: 18.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

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

Decision rationale: In this case, the applicant had prior unspecified amounts of physical therapy over the life of the claim. The Chronic Pain Guidelines indicate that demonstration of functional improvement is necessary at various milestones in the functional restoration program so as to justify continued treatment. In this case, however, there was no seeming demonstration of functional improvement following the completion of prior unspecified amounts of physical therapy. The applicant had failed to return to any form of work. The fact that the applicant remained off of work, on total temporary disability, several years removed from the date of injury, coupled with the fact that the applicant continued to remain highly reliant on various analgesic and adjuvant medications, taken together, implied a lack of functional improvement as defined by the guidelines, following the completion of prior unspecified amounts of physical therapy. Additional therapy was not indicated nor appropriate in this context. Therefore, the request is retrospectively not certified.