

Case Number:	CM13-0020052		
Date Assigned:	10/11/2013	Date of Injury:	08/01/2011
Decision Date:	01/30/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/04/2013

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 patient is a represented [REDACTED] employee who has filed a claim for chronic wrist, chest, rib, and knee pain with derivative anxiety and psychological stress reportedly associated with an industrial injury of June 1, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychological counseling; initial diagnosis with rib contusion and renal contusion in an industrial motor vehicle accident; an H-wave device; and extensive periods of time off of work. In a utilization review report of September 3, 2013, the claims administrator denied a request for additional physical therapy, acupuncture, Fiorinal, and/or follow-up visit, citing lack of supporting information. The patient's attorney later appealed. An earlier clinical progress note of July 26, 2012 is notable for comments that the patient has received 12 sessions of physical therapy since that point in time. A psychiatric progress note of September 9, 2012 is notable for comments that the applicant has improved, is socializing, and has not had any recent panic attacks despite carrying a diagnosis of post traumatic stress disorder. A February 14, 2012 progress note is notable for comments that the patient is off of work, on total temporary disability, as of that date. An August 24, 2012 note is again notable for comments that the patient is off of work, on total temporary disability and would like to pursue additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 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 ACOEM,Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The 12 sessions of physical therapy being proposed here would alone represent 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/or myositis of various body parts. It is further noted that no recent progress notes have been attached to the request for authorization or application for IMR. As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, the value of physical therapy increases with a clear description of treatment goals, a clear description of the diagnosis and/or lesions causing an applicant's symptoms, etc. In this case, no such information was provided. Therefore, the request remains non-certified owing to lack of supportive documentation.

6 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is not clear whether the applicant has had prior acupuncture over the claim. Again, the attending provider did not furnish any recent documentation at any point in 2013. No clinical progress notes were attached to the application for independent medical review. The applicant's attorney did not clearly state whether the applicant has returned to work, what the applicant's present work and functional status is, and/or what the applicant's response to prior acupuncture was. As noted in MTUS 9792.24.1.d, acupuncture treatment may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there is no documentation on file which establishes the presence of such improvement, for all these stated reasons. Therefore, the request remains non-certified, on independent medical review.

Fiorinal, a barbiturate containing analgesic: 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 Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic agents are not recommended for chronic or long-term use purposes. In this case, no clinical information was furnished so as to offset the

unfavorable MTUS recommendation. There is no evidence, for instance, that the applicant improved through prior usage of Fiorinal and/or affected some return to work. Therefore, the request is not certified.

Follow-up office visit:

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 8, the frequency of follow-up visit should increase in cases in which an applicant has not returned to work, such as this one. In this case, the applicant appears to be off of work, on total temporary disability, several years removed from the date of injury. A follow-up visit with the attending provider is therefore indicated. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.