

Case Number:	CM13-0028975		
Date Assigned:	06/13/2014	Date of Injury:	06/01/2012
Decision Date:	08/12/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/25/2013

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 a represented [REDACTED] employee who has filed a claim for chronic shoulder pain and chronic pain syndrome reportedly associated with an industrial injury of June 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 16, 2013, the claims administrator approved a shoulder MRI, approved an orthopedic shoulder surgery consultation, denied a chronic pain physical therapy evaluation, denied chronic pain physical therapy sessions, denied a chronic pain psychology evaluation, and denied chronic pain psychology sessions. The claims administrator based its denial of the chronic pain physical therapy evaluation, chronic pain physical therapy sessions, chronic pain psychology evaluation, and chronic pain psychology sessions on the grounds that psychological treatment and/or pain psychology evaluation are premature as the applicant might have a treatable condition and was not necessarily a chronic pain patient. Somewhat incongruously, then, the claims administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines, although these guidelines were not incorporated into the rationale behind the Utilization Review decision for denial. An August 7, 2013 pain management consultation was notable for comments that the applicant presented with 6/10 low back and shoulder pain. The applicant exhibited an antalgic gait. The applicant was apparently unsteady. It was suggested that the applicant was tearful during the interview and evaluation. A right shoulder MRI, orthopedic consultation, chronic pain physical therapy evaluation, and six sessions of treatment, and chronic pain psychology evaluation and six sessions of treatment were sought. A rather proscriptive 10-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHRONIC PAIN PHYSICAL THERAPY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, the issue reportedly present here, in this case, however, it was not clearly stated how much prior physical therapy the applicant had had before additional physical therapy was being sought. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, it did not appear that the applicant had responded favorably to earlier conservative treatment, including earlier physical therapy. The applicant still had a rather proscriptive 10-pound lifting limitation in place as of the date the request for a physical therapy evaluation and additional physical therapy were sought. The fact that a shoulder surgery consultation and a shoulder MRI were both ordered further implied the failure of earlier conservative treatment, including earlier physical therapy, in terms of the parameters established in MTUS 9792.20f. Therefore, the proposed chronic pain physical therapy evaluation was not medically necessary.

SIX CHRONIC PAIN PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, 127.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, the issue reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has had earlier physical therapy. The applicant appears to have plateaued in terms of functional improvement measures established in MTUS 9792.20f through the same. A rather proscriptive 10-pound lifting limitation remains in place. The applicant is now consulting a shoulder surgeon and/or obtaining a shoulder MRI, both of which suggest that earlier conservative treatment, including earlier physical therapy had failed. Therefore, the request for six chronic pain physical therapy sessions are not medically necessary.

CHRONIC PAIN PSYCHOLOGY EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

Decision rationale: As noted on page 100 of the MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are "recommended." In this case, the applicant has manifested some symptoms of tearfulness and depression as a result of her poor recovery. The attending provider has posited that there may be some hitherto-undiagnosed mental health issues which are responsible for the applicant's delayed recovery. A psychological evaluation to delineate the extent of the same is indicated. Therefore, the request is medically necessary.

SIX CHRONIC PAIN PSYCHOLOGY SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23.

Decision rationale: While approval of the request does represent initiation of behavioral intervention/psychological treatment slightly in excess of the initial three- to four- session trial of psychotherapy recommended on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, in this case, however, the request is a first-time request. The applicant does not appear to have any prior mental health treatment or mental health modalities to date. Provision of some psychological treatment, thus, would be preferable to providing no psychological treatment, particularly in light of the fact that partial certifications are not permissible through the Independent Medical Review process. Therefore, the request is medically necessary.