

Case Number:	CM13-0037862		
Date Assigned:	12/18/2013	Date of Injury:	09/07/2012
Decision Date:	03/13/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 bilateral shoulder, bilateral upper extremity pain, bilateral forearm pain, and bilateral thumb pain reportedly associated with an industrial injury of September 7, 2012. 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 extensive periods of time off of work. In a Utilization Review Report of October 10, 2013, the claims administrator apparently denied 12 sessions of physical therapy for the upper extremities and thumbs, citing non-MTUS ODG Guidelines and postsurgical treatment guidelines, although this is not a postsurgical case. It was stated on said Utilization Review Report that the applicant had 22 sessions of physical therapy and nine sessions of occupational therapy to date. The applicant's attorney subsequently appealed. In a November 5, 2013 progress note, the applicant is described as having persistent multifocal neck, shoulder, arm, knee, lower back, and hand pain. The applicant has multifocal tenderness to touch with mild TMC joint tenderness noted bilaterally. Grip strength is diminished. Twelve sessions of acupuncture and ongoing physical therapy were sought. It is stated that the applicant is off of work with rather proscriptive work limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for bilateral shoulders:

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,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy Guidelines

Decision rationale: The Physician Reviewer's decision rationale: The applicant has already had prior treatment (32 sessions), per the claims administrator over the life of the claim, seemingly well 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. The applicant has failed to respond favorably to the same. The applicant is off of work. Significant physical impairment persists. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior physical therapy treatment. Continued physical therapy in the face of the applicant's failure to demonstrate functional improvement with prior treatment is not recommended. Therefore, the request is not certified.

Occupational Therapy 2 x 6 for the bilateral upper extremities (forearm/thumb tendinitis):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical/Occupational Therapy Guidelines

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

Decision rationale: The Physician Reviewer's decision rationale: As with the physical therapy request, the applicant has had extensive physical and occupational therapy over the life of the claim, well in excess of the 9- to 10-session course recommended on Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. There is no evidence of functional improvement as defined in MTUS 9792.20f which would justify additional treatment beyond the guideline. The fact that the applicant remains highly reliant on various medical treatments, including physical therapy, acupuncture, etc. implies the lack of functional improvement as defined in section 9792.20f. Therefore, the request for additional occupational therapy is likewise not certified.