

Case Number:	CM13-0049617		
Date Assigned:	12/27/2013	Date of Injury:	04/22/2010
Decision Date:	05/02/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 53-year-old with an injury date on May 19, 2008. Based on the October 2, 2013 progress report provided by [REDACTED], the patient's diagnosis include low back pain, lumbar radiculopathy, and status post lumbar spine fusion. This progress report continues to state that the patient rates her pain as a 8/10 and "continues to have significant low back pain despite the use of methadone 10 mg 1-tablet po q.a.m., 1-tablet po q.noon and 2 tablets q.p.m. and oxycodone 10 mg 1-table po q.4-6h." [REDACTED] requests for an intrathecal pump trial. The utilization review determination being challenged is dated October 29, 2013 and recommends denial of the intrathecal pump. [REDACTED] is the requesting provider and provided treatment reports from June 27 to November 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to the August 26, 2013 progress report provided by [REDACTED], the patient presents right shoulder tendinitis, right elbow neuritis, and myofascial pain syndrome. The request is for eight physical therapy visits for the right shoulder. Review of the reports shows no previous physical therapy reports to verify treatment history. However, the utilization review letter does state that the patient had previous physical therapy. The request was denied by utilization review letter dated October 24, 2013. The rationale was that the "claimant has had extensive physical therapy in the past. There is no indication of how much therapy and when the claimant last had any therapy." Although the Chronic Pain Medical Treatment Guidelines states that nine to ten visits are allowed for Myalgia and myositis over eight weeks and eight to ten visits are allowed for Neuralgia, neuritis, and radiculitis, the prior physical therapy treatment history is not known. Given the lack of recent therapy treatments, a short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, review of the reports do not discuss why therapy is being requested at this point. The Chronic Pain Medical Treatment Guidelines requires that the treater provide monitoring of the patient's progress and make appropriate treatment recommendation. In this case, no monitoring is provided regarding the patient's treatment history. Additional therapy cannot be considered without knowing how the patient has responded to therapy in the past and why it is being asked for now. The request for eight physical therapy visits for the right shoulder, as an outpatient, is not medically necessary or appropriate.