

Case Number:	CM13-0058878		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2007
Decision Date:	04/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/27/2013

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:

Thus far, the applicant has been treated with the following: Analgesic medications, unspecified amounts of physical therapy over the life of the claim; transfer of care to and from various providers in various specialties; prior carpal tunnel release surgeries; a rotator cuff repair surgery in February 2011; and work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a utilization review report of November 25, 2013, the claims administrator denied a request for 12 sessions of physical therapy treatment, noting that the attending provider documentation was sparse, handwritten, and illegible, and difficult to follow. The applicant's attorney subsequently appealed. In a handwritten note dated November 7, 2013, the applicant reports persistent left shoulder, low back, and left lower extremity pain. The applicant exhibits stiffness about the shoulder, lumbar spine, and knee, it is noted. A 12-session course of physical therapy and tramadol are endorsed, along with unspecified work restrictions. It did not appear that the applicant was working with said unspecified limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the left knee and lumbar spine 2 times a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The 12-session course of treatment proposed by the attending provider would, in and of itself, 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 the MTUS Guideline in ACOEM Chapter 3, page 48 states that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." In this case, as noted by the previous utilization reviewer, the documentation is sparse, handwritten, not entirely legible, and difficult to follow. It is not clearly stated how much prior therapy the applicant has had to date, what the response was, and/or what the goals are, going forward, with further therapy. The applicant's work and functional status have not been clearly detailed or described. For all the stated reasons, then, the request is not certified, on Independent Medical Review.

Tramadol 50 mg, #60: Overturned

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 Tramadol Topic Page(s): 94.

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol, a synthetic opioid, is indicated in the treatment of "moderate-to-severe pain." In this case, the recent progress note provided dated November 7, 2013, while sparse and somewhat difficult to follow, does establish the presence of heightened complaints of low back and left lower extremity pain. The prescription for tramadol, per the attending provider, represents a first-time prescription for the same. Given the applicant's heightened pain complaints, introduction of tramadol was indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.