

Case Number:	CM13-0071119		
Date Assigned:	06/11/2014	Date of Injury:	10/21/2010
Decision Date:	08/08/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/27/2013

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 multifocal neck, low back, shoulder, elbow, and wrist pain reportedly associated with an industrial injury of October 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; earlier left carpal tunnel release surgery; electrodiagnostic testing of December 12, 2013, notable for findings suggestive of right median neuropathy; MRI imaging of the left shoulder of November 20, 2013, notable for mild supraspinatus tendinosis; functional capacity testing; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated December 17, 2013, the claims administrator denied request for physical therapy and an interferential stimulator device. The entire text of the decision does not appear to have been provided. In a June 17, 2013 progress note, it was suggested that the applicant was not working as her employer was unable to accommodate her limitations. Permanent work restrictions were imposed. The applicant was given a 26% whole-person impairment rating. In an October 16, 2013 progress note, the applicant apparently had transferred care to another treating provider, who had placed her off of work, on total temporary disability. Functional capacity testing was sought at that point. A variety of other treatments, including 12 sessions of acupuncture, manipulative therapy, and physical therapy were also sought. The applicant underwent a shoulder corticosteroid injection on October 30, 2013. In a December 6, 2013 chiropractic note, the applicant was described as having received 12 prior sessions of physical therapy. An additional six sessions of physical therapy were sought. Authorization was sought for an interferential current stimulator device. The applicant was given work restrictions which her employer was unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 visits per week times 3 weeks: 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 Physical Medicine topic, page 8, 99 and on the MTUS 9792.20f Page(s): 99,8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, 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 is off of work, despite completion of earlier physical therapy in unspecified amounts. The applicant remained highly reliant and highly dependent on various forms of medical treatment, including acupuncture, injection therapy, etc. Additional physical therapy is not indicated, given the lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy treatment in unspecified amounts. Therefore, the request for six additional sessions of physical therapy is not medically necessary.

IF II SUPPLIES, INTERSPEC IF II UNIT RENTAL 2 MONTHS: 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 Interferential Current Stimulation Page(s): 120.

Decision rationale: The two-month rental seemingly being sought here represents treatment in excess of the one-month trial recommended on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines in applicants in whom pain is ineffectively controlled due to diminished efficacy of medications, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or history of substance abuse which would prevent provision of analgesic medications. In this case, however, there is no such history present here. There is no mention of any issues of pain limiting provision of analgesic medications and/or medication side effects preventing provision of analgesic medications. As noted previously, the two-month rental represents treatment in excess of MTUS parameters. Therefore, the request is not medically necessary.