

Case Number:	CM14-0102382		
Date Assigned:	07/30/2014	Date of Injury:	10/26/2009
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 52-year-old female was reportedly injured on October 26, 2009. The mechanism of injury was not listed. The most recent progress note, dated July 10, 2014, indicated that there were ongoing complaints of neck, left hip, left toe and left shoulder pain. The physical examination demonstrated that the injured employee was able to do a number of activities of daily living. Some items, she was unable to complete. The injured employee was noted to be under 5'7, 145 pounds and normotensive. Deep tendon reflexes were equal bilaterally with a slight loss of motor function in the left lower extremity. Muscle strength 4/5 is also noted. Diagnostic imaging studies objectified lumbar disc disease at L5-S1. Previous treatment included multiple sessions of physical therapy. A request was made for physical therapy and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338.

Decision rationale: When noting the date of injury, the injury sustained, the metaphysical therapy order completed and the physical examination reported with the most recent progress note, there is no clear clinical indication for additional physical therapy as there has been formal physical therapy completed and transition to a home exercise protocol. At most, although it can be supported in home exercise initiative emphasizing overall fitness, conditioning and achieving ideal body weight. Therefore, based on the clinical information presented for review, the medical necessity of additional physical therapy was not established.

Physical therapy exercise x 18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: When noting the date of injury, the injury sustained, the metaphysical therapy order completed and the physical examination reported with the most recent progress note, there is no clear clinical indication for additional physical therapy as there has been formal physical therapy completed and transition to a home exercise protocol. At most, although it can be supported in home exercise initiative emphasizing overall fitness, conditioning and achieving ideal body weight. Therefore, based on the clinical information presented for review, the medical necessity of additional physical therapy is not established.

Piriformis Botox injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 25-26 of 127.

Decision rationale: As outlined in the California MTUS, these types of injections are not generally recommended for chronic pain disorders; however, there was a limited clinical indication. The muscle pain was no noted indication. Furthermore, the literature does not support the use of injections for trigger point issues or myofascial pain. Therefore, when noting the current literature and by the physical examination offered and the citation within the California MTUS, the medical necessity for this procedure has not been established.