

Case Number:	CM14-0108814		
Date Assigned:	08/01/2014	Date of Injury:	06/15/2013
Decision Date:	10/02/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/13/2014

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 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 low back pain, knee pain and wrist pain reportedly associated with an industrial injury of June 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and extensive physical therapy over the life of the claim. In a Utilization Review Report dated July 1, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the hands, wrists, arms, knee, and low back while approving an orthopedic consultation. Tramadol was denied. The claims administrator stated that the applicant has had 24 sessions of physical therapy for the hands, 36 sessions of physical therapy for wrists, 12 sessions of physical therapy for the arms, 36 sessions for the low back, and 24 sessions for the knee. The applicant's attorney subsequently appealed. In a January 27, 2014 progress note, the applicant reported ongoing complaints of knee, wrist, and low back pain. The applicant was given a knee corticosteroid injection. Work restrictions were endorsed. It was stated that the applicant's employer was unable to accommodate the limitations and that the applicant would therefore remain on total temporary disability. In a progress note date March 18, 2014, the applicant was again placed off of work, on total temporary disability. The applicant is asked to continue physical therapy. Tramadol was renewed. There was no explicit discussion of medication efficacy. In an April 21, 2014 progress note, the applicant was asked to pursue 12 sessions of physical therapy for the wrists, hands, arms, back, bilateral upper extremities, and right knee. Tramadol was renewed. The applicant was placed off of work, on total temporary disability. There was no mention of any medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for hands: 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 Page(s): 99, 8.

Decision rationale: The 12-session course of the treatment, in and of itself, represents treatment in excess of 9 to 10 session course recommended on page 99 in the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on numerous other forms of medical treatment, including injections therapy, opioid therapy, tramadol, etc. All the above, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite earlier extensive physical therapy over the life of the claim. Therefore, the request is not medically necessary.

Physical Therapy 3 times a week for 4 weeks for wrists: 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 Page(s): 99, 8.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of 9 to 10 session course recommended on page 99 in the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue seemingly present here. No rationale for treatment beyond the MTUS parameters was proffered by the attending provider. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including injection therapy and opioid therapy. All the above, taken together, suggest a lack of functional improvement as defined in the MTUS 9792.20f, despite earlier extensive physical therapy over the life of the claim. Therefore, the request is not medically necessary.

Physical Therapy 3 times a week for 4 weeks for arms: 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 Page(s): 99.

Decision rationale: The 12 session course of treatment, in and of itself, represents treatments in excess of 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue seemingly present here. No rationale for further treatment beyond MTUS parameters was proffered by the attending provider. As of the other request for physical therapy, the applicant has failed to demonstrate any lasting benefit or functional improvement as defined in the MTUS 9792.20f despite earlier extensive treatment over the course of the claim. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid agents and injection therapy. All the above, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite earlier physical therapy over the life of the claim. Therefore, the request is not medically necessary.

Physical Therapy 3 times a week for 4 weeks for back: 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 Page(s): 8, 99.

Decision rationale: The 12 session course of treatment proposed, in and of itself, represents treatment in excess of 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that page 8 in the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in treatment program in order to justify continued treatment. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid therapy and injection therapy. All the above, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f. Therefore, the request is not medically necessary.

Physical Therapy 3 times a week for 4 weeks for Right Knee: 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 Page(s): 99, 8.

Decision rationale: The 12 session course of treatment proposed, in and of itself, represents treatments in excess of 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. As with the other request, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does further qualify this recommendation by stipulating that there must be of demonstration of functional improvement at various milestones in treatment program in order to justify continued treatment. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including corticosteroid injection therapy and opioid therapy. All the above, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite extensive prior physical therapy over the life of the claim. Therefore, the request is not medically necessary.

Tramadol 50mg #60 x2 refills: 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 When To Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to recount any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.