

Case Number:	CM14-0019008		
Date Assigned:	04/23/2014	Date of Injury:	01/04/2013
Decision Date:	07/03/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/14/2014

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 shoulder and low back pain reportedly associated with an industrial injury of January 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; attorney representations; transfer of care to and from various providers in various specialties; and topical compounds. In a Utilization Review Report dated January 29, 2014, the claims administrator approved a shoulder MRI, denied 12 sessions of physical therapy, and approved a Biotherm cream. The applicant's attorney subsequently appealed. An earlier note of August 15, 2013 was notable for comments that the applicant reported persistent neck and low back pain. Motrin and work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. A subsequent note of October 4, 2013 was again notable for comments that the applicant reported persistent neck, shoulder, wrist, knee, and low back pain. Work restrictions were again in place. The applicant was asked to pursue acupuncture. Limited shoulder range of motion in the 100 degrees of flexion range was noted. Finally, on January 2, 2014, the applicant was described as having eight prior sessions of physical therapy and eight sessions of chiropractic manipulative therapy. The applicant stated that her symptoms did not improve with the prior treatments and that her lumbar spine remained symptomatic. A topical compounded Biotherm cream, a shoulder MRI imaging, acupuncture, and a rather proscriptive 5-pound lifting limitations were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99.

Decision rationale: The 12-session course of treatment proposed here, in and of itself, represents treatment well in excess of the 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. In this case, however, there has been no demonstration of functional improvement which would support further treatment beyond the guideline. The applicant is off of work. A rather proscriptive 5-pound lifting limitation remains in place, unchanged, from visit to visit. The applicant remains reliant on medications, acupuncture, and other forms of medical treatment. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f following completion of at least eight prior sessions of physical therapy. Therefore, the request for additional physical therapy is not medically necessary.