MAXIMUS Federal Services

Case Number:	CM14-0163417		
Date Assigned:	10/16/2014	Date of Injury:	10/11/2013
Decision Date:	11/19/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/03/2014

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 and bilateral knee pain reportedly associated with cumulative trauma at work between the dates May 7, 1989, through October 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and work restrictions. In a utilization review report dated September 11, 2014, the claims administrator partially approved a request for 16 sessions of physical therapy as 6 sessions of the same. The claims administrator was basing its decision on a July 30, 2014, progress note and associated RFA form. The July 30, 2014, progress note and RFA form were not, however, incorporated into the IMR packet. The claims administrator suggested that the applicant was still using opioid agents, including Norco.The applicant's attorney subsequently appealed. In a January 21, 2014, Medical-Legal Evaluation, the applicant presented with chronic low back pain reportedly associated with cumulative trauma at work. It was stated that the applicant was using Naprosyn, Norco, and Norflex. It was stated that the applicant was placed off of work and had not worked since November 25, 2013. The applicant did apparently have a history of having received physical therapy at various points throughout 2013 and 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x8 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The 16-session course of treatment proposed, 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 myalgia's and myositis of various body parts. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continuing treatment. In this case, the admittedly limited and somewhat dated information on file does suggest that the applicant is off of work, on total temporary disability, and still using opioid agents such as Hydrocodone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f) despite earlier physical therapy in unspecified amounts over the course of the claim. While it is acknowledged that the July 30, 2014, progress note on which the request was initiated was not incorporated into the independent medical review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.