MAXIMUS Federal Services

Case Number:	CM14-0070338		
Date Assigned:	07/14/2014	Date of Injury:	02/27/2003
Decision Date:	09/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/15/2014

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 neck, shoulder, and wrist pain reportedly associated with an industrial injury of February 27, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; unspecified amounts of psychotherapy; opioid therapy; adjuvant medications; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for physical therapy for the cervical spine, left shoulder, and wrist. The claims administrator cited lack of supporting information on the part of the attending provider and invoked a variety of non-MTUS ODG Guidelines in its denial. In an October 25, 2013 psychiatry note, the applicant was described as using Lexapro, Klonopin, Dilaudid, Celebrex, albuterol, Voltaren, Lidoderm, albuterol, Cymbalta, Norco, Lyrica, Abilify, and Ambien. The applicant was asked to continue psychotropic medications and continue supportive therapy. The applicant had had major depressive disorder, severe, with psychotic features, it was acknowledged. The applicant's work status was not furnished. On January 23, 2014, the applicant reported heightened complaints of anxiety and irritability, it was acknowledged. The applicant's sleep was reportedly broken. The applicant was using Abilify, Klonopin, Lexapro, Cymbalta, Soma, Norco, Celebrex, Lyrica, albuterol, Allegra, lidocaine patches and Voltaren gel, it was acknowledged. The applicant had Global Assessment of Functioning (GAF) of 41 to 50, it was stated, based on a primary diagnosis of major depressive disorder (MDD), with psychotic features. On February 20, 2014, the applicant was described as obsessing on issues related to filing a disability claim. On April 10, 2014, the applicant was described as having ongoing issues with chronic pain and unemployment. Physical therapy was apparently endorsed on March 20, 2014. The applicant was having a variety of other issues, including obstructive sleep apnea and major depressive

disorder, it was further stated. The applicant's psychologist wrote that the applicant was trying to reinstitute daily life routine such as home exercises, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x/Week X 4Wks for Cervical (8 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guideline Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guideline, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8; 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, 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 and also by commentary made on page 48 of the ACOEM Practice Guidelines to the effect that the value of physical therapy increases with prescription which clearly states treatment goals. In this case, however, no clear treatment goals had been outlined. The applicant has failed to demonstrate functional improvement with earlier treatment. The applicant remains off of work and remains highly dependent on other forms of medical treatment, including psychotropic medications, opioid agents, muscle relaxants such as Norco, topical drugs, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the life of the claim. Therefore, the request is not medically necessary.

Physical Therapy 2x/Week X 4Wks for Left Shoulder (8 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99.

Decision rationale: The eight sessions of treatment for the shoulder being sought, along with eight additional sessions of treatment for the wrist and cervical spine, taken together, represent 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. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines emphasizes self-directed home physical medicine as an extension of the treatment process during

the chronic pain phase of a claim. The request for such extensive formal physical therapy, thus, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

Physical Therapy 2x/Week X 4Wks for Wrist (8 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8; 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue present here, this recommendation is qualified by commentary 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, the applicant is off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including psychotropic medications, psychological counseling, opioid agents, muscle relaxants such as Soma, topical medications, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of physical therapy over the life of the claim. Therefore, the request is not medically necessary.