MAXIMUS Federal Services

Case Number:	CM14-0071997		
Date Assigned:	07/16/2014	Date of Injury:	11/16/2012
Decision Date:	09/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 low back pain reportedly associated with an industrial injury of November 16, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and earlier shoulder surgery.In a Utilization Review Report dated May 9, 2014, the claims administrator denied a request for 12 sessions of physical therapy, invoking a variety of non-MTUS ODG guidelines in its denial. The claims administrator did not, however, incorporate any cited non-MTUS guidelines in its rationale and stated that the attending provider had not stated how much prior treatment or treatments had transpired to date.The applicant's attorney subsequently appealed.The additional physical therapy at issue was apparently sought on April 11, 2014. The applicant presented with persistent complaints of neck, shoulder, and low back pain. Epidural steroid injection therapy, physical therapy, and acupuncture were pending, it was suggested. Work restrictions were endorsed, along with unspecified medications and the 12 sessions of physical therapy at issue.In a February 13, 2014 pain management note, the applicant was described as off of work, on total temporary disability. The applicant had not worked since May 23, 2013. The secondary treating provider acknowledged that the applicant had undergone physical therapy modalities with "only temporary relief." The applicant was on Norco, Terocin, Lexapro, and Neurontin, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xwk x 4wks cervical/lumbar spine,left wrist, bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines page99. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & upper back (updated 4/14/14)Official Disability Guidelines Low Back (updated 3/31/14).

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 the nine- to ten-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. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates 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, however, the applicant is off of work, on total temporary disability, despite completion of earlier unspecified amounts of physical therapy over the life of the claim. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including epidural injections, acupuncture, topical agents such as Terocin, opioids such as Norco, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy over the life of the claim. Therefore, the request for additional physical therapy is not medically necessary.