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| Case Number: | CM14-0079940 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 03/29/2010 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic bilateral shoulder, bilateral hip, and low back pain reportedly associated with an industrial burn injury of March 29, 2010. Thus far, the injured worker has been treated with the following: Analgesic medications; a total hip replacement surgery in June, 2013; earlier shoulder surgeries in 1992, 2010, and 2011; corticosteroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a May 19, 2014, Utilization Review Report, the claims administrator denied a request for 12 sessions of physical therapy for the bilateral shoulders, bilateral hips, and lumbar spine. The claims administrator did allude to the injured worker having received authorization for six sessions of physical therapy on February 13, 2014. The claims administrator went on to invoke non-MTUS Official Disability Guidelines (ODG) to deny each of the physical therapy requests. The injured worker's attorney subsequently appealed. In a Medical-legal Evaluation dated April 21, 2014, it was acknowledged that the injured worker was "not working." The injured worker had not worked since October 2011. The injured worker had been granted disability retirement, it was further stipulated. In March 17, 2014, progress note, the injured worker reported persistent complaints of hip, low back and bilateral shoulder pain. The injured worker exhibited an antalgic gait. A hip corticosteroid injection was endorsed. It was stated that injured worker would ultimately require a right hip total hip arthroplasty once he had completed rehabilitation for the left hip total hip arthroplasty. Work restrictions were endorsed. It was stated that the injured worker would never be able to return to his usual and customary work duties. A hip corticosteroid injection was performed in the clinic setting. The injured worker's medication list was not attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Shoulder Procedure Summary last updated 12/27/13

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

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment 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. No rationale for treatment this far in excess of 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. However, in this case the injured worker is off of work. The injured worker has received both Workers' Compensation indemnity and non-industrial disability benefits, it has been suggested. The injured worker remains highly reliant and highly dependent on various forms of medical treatment, including corticosteroid injection therapy. 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 course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Physical Therapy 2x6 bilateral hips: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Hip & Pelvis Procedure Summary last updated 12/09/13

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20f Page(s): 8;99.

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment 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. It is further noted that 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 in order to justify continued treatment. However, in this case the injured worker is off of work. The injured worker is receiving both Workers' Compensation indemnity and non-industrial disability benefits. The injured worker remains highly reliant and highly

dependent on various forms of medical treatment, including corticosteroid injection therapy. The attending provider has himself acknowledged that earlier physical therapy was unsuccessful and that the injured worker will ultimately require a second total hip arthroplasty procedure. 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 course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Physical Therapy 2x6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Low Back Procedure Summary last updated 12/27/13

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic; 9792.20f Page(s): 99; 8.

Decision rationale: As with the other request, the 12-session course proposed, in and of itself represents treatment 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. It is further noted that 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 in order to justify continued treatment. In this case, however, the injured worker is off of work. The injured worker has been granted both Workers' Compensation indemnity and non-industrial disability benefits. The attending provider remains highly reliant and highly dependent on various forms of medical treatment, including corticosteroid injection therapy. 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 course of the claim. Therefore, the request for additional physical therapy is not medically necessary.