

Case Number:	CM14-0086099		
Date Assigned:	07/23/2014	Date of Injury:	08/02/2012
Decision Date:	09/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of August 2, 2012. Thus far, the applicant's history has included analgesic medications; unspecified amounts of physical therapy over the course of the claims, including 14 sessions of physical therapy for the shoulder and 27 sessions of physical therapy to the low back, per the claims administrator; and an apparent return to work with restrictions, per a medical-legal evaluation dated May 22, 2014. In a Utilization Review (UR) report dated May 29, 2014, the claims administrator denied a request for additional physical therapy involving the low back and shoulder, citing non-MTUS ODG guidelines. In a March 24, 2014 progress note, the applicant was described as unchanged and reported persistent complaints of low back pain, shoulder pain, and arm pain. Permanent work restrictions were renewed. The applicant was asked to consider epidural steroid injection therapy, which the applicant reportedly declined. It was suggested that the applicant was approaching permanent and stationary status. The applicant was apparently declared permanent and stationary by a medical-legal evaluator on May 22, 2014, who had noted that the applicant was working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) to the low back, 2 times per week for 4 weeks,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain & Restoration of Function Chapter, page 114.

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

Decision rationale: The applicant has already had prior treatment (27 sessions, per the claims administrator) exceeding the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts (the issue reportedly present in this case). It is further noted that both pages 98 and 99 of the guidelines emphasize active therapy, active modalities, and self-directed home exercise programs during the chronic pain phase of an injury. The request runs counter to MTUS parameters and principles. It appears that the applicant has already returned to work and should likewise be capable of transitioning to self-directed, at-home physical medicine, as suggested by guidelines. No rationale for further treatment beyond the MTUS recommendations was offered by the attending provider. Therefore, the request is not medically necessary or appropriate.

Physical Therapy (PT) to the shoulder, 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain & Restoration of Function Chapter, page 114.

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

Decision rationale: The applicant has already had prior treatment for the shoulder (at least 14 sessions, per the claims administrator) exceeding the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts. Pages 98 and 99 of the Chronic Pain guidelines emphasize active therapy, active modalities, and self-directed home exercise programs during the chronic pain phase of an injury. Page 98 of the guidelines further suggests that at-home therapy could be considered an extension of the treatment process. No rationale for further treatment beyond the MTUS recommendations was offered by the attending provider. The applicant has already apparently returned to work. Therefore, the request is not medically necessary or appropriate.