

Case Number:	CM14-0114277		
Date Assigned:	10/07/2014	Date of Injury:	08/23/2010
Decision Date:	01/21/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/22/2014

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 shoulder and neck pain reportedly associated with an industrial injury of August 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 3, 2014, the claims administrator failed to approve request for eight sessions of physical therapy, unspecified medications, eight sessions of chiropractic manipulative therapy, 'ortho unspecified,' and 'pain management-unspecified. The applicant's attorney subsequently appealed. In a handwritten progress note dated November 27, 2013, the applicant reported ongoing complaints of shoulder pain. The applicant was placed off of work, on total temporary disability, unspecified medications were renewed. The applicant was asked to consult a psychiatrist. In a progress note dated June 9, 2014, the applicant reported persistent complaints of neck and shoulder pain. The applicant was placed off of work, on total temporary disability. Eight sessions of physical therapy, psychiatry consultation, and sleep study were endorsed. The attending provider stated that he wished to review the results of the sleep study and cardiorespiratory stress testing. The applicant was ultimately placed off of work on this occasion. In an earlier note dated April 14, 2014, the applicant again presented with ongoing complaints of neck and shoulder pain. Cardiorespiratory stress testing, a sleep study consultation, psychiatry referral, and pain management referral for medication management were endorsed. Both shoulder and neck MRI imaging were sought on this occasion, along with 12 sessions of physical therapy. The applicant was placed off of work, on total temporary disability, for six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Massage Therapy, Electrical Stimulation and Therapeutic Exercises two (2) times a week for four (4) weeks to shoulder and two (2) times a week for four (4) weeks to cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 98-99, 8.

Decision rationale: The eight sessions of physical therapy for the shoulder and eight sessions of physical therapy for the cervical spine, taken together, do represent 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 diagnosis reportedly present here. It is further noted that the applicant has had unspecified amounts of physical therapy over the course of the claim. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, despite having had unspecified amounts of physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20f with prior treatment. It is further noted that the request for physical therapy to include passive modalities such as massage or electrical stimulation runs counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the passive modalities should be employed "sparingly" during the chronic pain phase of the claim. The request, here, thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

Medication - Unspecified medication, dosage, quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, a prescribing provider should be "knowledgeable" regarding prescribing information and adjust the dosing to the individual applicant. An attending provider's switch to pharmacotherapy, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, further stipulates, should be based on the type of pain to be treated and/or pain mechanism involved. Here, however, the request for unspecified medications in unspecified amounts, doses, and quantities, thus, is at odds with page 7 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Chiropractic two (2) times a week for four (4) weeks for Cervical Sprain/Strain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Manipulation Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrates treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant is off of work, on total temporary disability. Earlier manipulative therapy, thus, has been seemingly unsuccessful here. Therefore, the request for an additional eight sessions of chiropractic manipulative therapy is not medically necessary.

Ortho - Unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 180, 210.

Decision rationale: It is not clear precisely what this request represents. The request, as written, is inherently ambiguous. The request appears to represent a request for an orthopedic surgery referral for ongoing complaints of neck and/or shoulder pain. However, the MTUS Guideline in ACOEM Chapter 8, page 180 notes that applicants with neck pain along with that associated findings of significant nerve root compromise "rarely benefit" from either surgical consultation or surgery. Here, it did not appear that the applicant is a surgical candidate. There was no mention of the applicant actively considering or contemplating any kind of surgical intervention involving the cervical spine. Similarly, the MTUS guideline in ACOEM Chapter 9, page 210, also notes that surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulders complaint. Here, as with the request for the orthopedic spine surgery consultation, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the shoulder on or around the date in question. While the applicant did have a history of prior shoulder surgery, there is no evidence that the applicant had radiographic evidence of a lesion amenable to surgical correction and/or that the applicant was considering any surgical intervention or invasive procedure involving the shoulder. Therefore, the request is not medically necessary.

Pain Management - Unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: As with the preceding request, this request is likewise inherently ambiguous and open to a variety of interpretations. While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that the presence of persistent complaints, which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary, in this case, however, it was not stated what was sought. It was not stated whether an evaluation alone was being sought or whether interventional spine procedure involving the cervical spine was sought via the proposed 'pain management-unspecified' request. Therefore, the request is not medically necessary.