

Case Number:	CM14-0190426		
Date Assigned:	11/21/2014	Date of Injury:	04/08/2014
Decision Date:	01/13/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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 knee, shoulder, and ankle pain reportedly associated with an industrial injury of April 8, 2014. In a Utilization Review Report dated October 24, 2014, the claims administrator denied a request for four sessions of physical therapy and denied a request for an interferential stimulator device. The claims administrator stated that the applicant had had 12 sessions of physical therapy without any improvement. Non-MTUS ODG guidelines were invoked to deny the physical therapy while the MTUS Chronic Pain Medical Treatment Guidelines were invoked to deny the interferential device. The claims administrator stated that its decision was based on an October 17, 2014 RFA form. The applicant's attorney subsequently appealed. In a September 24, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to multiple complaints of low back, ankle, wrist, neck, and elbow pain. On August 8, 2014, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of ankle, shoulder, and knee pain. On July 2, 2014, the applicant was again placed off of work, on total temporary disability owing to multifocal complaints of ankle, shoulder, and knee pain. Physical therapy was sought on that date. Anatomic impairment measurements, including x-ray testing of various joints, were performed on May 29, 2014. On July 18, 2014, the applicant's pain management physician suggested that she continue physical therapy while various dietary supplements and topical compounds were endorsed for ongoing complaints of shoulder, knee, and ankle pain. On September 24, 2014, the requesting provider did seek authorization for six additional sessions of physical therapy and MRI imaging while keeping the applicant off of work, on total temporary disability. On August 8, 2014, the primary treating provider (PTP) acknowledged that the applicant had had 12 sessions of physical therapy through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Rt ankle and RT knee x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG Ankle & Foot ODG Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management section; MTUS 9792.

Decision rationale: The applicant has had prior treatment (12 sessions, per the claims administrator), seemingly 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. While it is acknowledged that not all of these treatments necessarily transpired during the chronic pain phase of the claim, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines nevertheless stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, there has been no such demonstration of functional improvement with earlier treatment. The applicant remains off of work, on total temporary disability, from visit to visit, implying a lack of functional improvement as defined in MTUS 9792.20f despite prior treatment already in excess of the MTUS parameters. Therefore, the request is not medically necessary.