

<b>Case Number:</b>	CM14-0191293		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 neck, knee, and shoulder pain reportedly associated with an industrial injury of April 7, 2014. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for six sessions of physical therapy. The claims administrator cited the misnumbered "page 474" of the MTUS Chronic Pain Medical Treatment Guidelines but did not incorporate any guidelines into its report rationale. The claims administrator suggested that its decision was based on a progress note and an RFA form of October 1, 2014. The applicant's attorney subsequently appealed. In a case management dated August 27, 2014, the applicant's field case manager reported that the applicant was four and a half months removed from the date of injury and had had 18 sessions of physical therapy to that point in time. The field case manager inquired as to whether the applicant could return to regular duty work or not. In an October 14, 2014 progress note, the applicant had apparently transferred care to a new primary treating provider. Multifocal complaints of neck pain, shoulder pain, and headaches were evident, 8/10. The applicant was not working and last worked on April 8, 2014, i.e., some one day after the date of injury. The applicant reported ancillary complaints of sleep disturbance. The applicant was reportedly using Naprosyn, Zanaflex, and topical Mobisyl cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 3 to the right shoulder, right knee and neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

**Decision rationale:** The applicant has already had prior treatment (at least an 18-session course), seemingly well in excess of 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 all the 18 treatments did not necessarily transpire in the chronic pain phase of the claim, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect 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 was/is off of work. The applicant remains dependent on various analgesic, adjuvant, and topical medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier treatment already in excess of MTUS parameters. Therefore, the request is not medically necessary.