

Case Number:	CM14-0192288		
Date Assigned:	11/26/2014	Date of Injury:	10/28/2005
Decision Date:	01/16/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	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 represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of October 28, 2005. In a Utilization Review Report dated October 16, 2014, the claims administrator denied a request for eight sessions of physical therapy for the cervical spine and left shoulder. The claims administrator stated that the applicant had already had 12 sessions of physical therapy. The claims administrator employed both MTUS and non-MTUS ODG Guidelines in its denial. The claims administrator stated that its decision was based on an RFA form dated October 14, 2014 and progress notes interspersed throughout July and September 2014. The applicant's attorney subsequently appealed. In a progress note dated September 18, 2014, difficult to follow, not entirely legible, handwritten, the applicant was placed off of work, on total temporary disability through November 6, 2014. Trigger point injections, facet injections, and epidural steroid injections were sought, along with a TENS unit, cervical pillow, and soft collar. Naproxen was renewed. On October 14, 2014, the applicant was again placed off of work, on total temporary disability, for additional 45 days while continuing chiropractic manipulative therapy. In an October 17, 2014 orthopedic note, the applicant reported persistent complaints of low back pain radiating to the left leg, 7/10. The applicant was status post earlier lumbar decompression but had residual radicular complaints. Twelve sessions of physical therapy were endorsed, along with lumbar support, TENS unit, tramadol, Flexeril, Norco, and Protonix. The requesting provider suggested that the applicant pursue an orthopedic spine surgery consultation, pain management consultation, and a psychological evaluation. There was no mention made of the need for continued physical therapy in the body of the report; however, in an RFA form dated October 14, 2014, the requesting provider suggested that the applicant pursue eight sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical Spine/Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: 1. No, the request for eight additional sessions of physical therapy for the cervical spine and left shoulder is not medically necessary, medically appropriate, or indicated here. The applicant has already had prior treatment (at least 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. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further 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 received earlier treatment already in excess of the MTUS parameters, suggesting a lack of functional improvement as defined in MTUS 9792.20f with earlier physical therapy treatment. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 also stipulates that it is incumbent upon a requesting provider to furnish a prescription for therapy which "clearly states treatment goals." Here, however, the prescription for therapy did not clearly state treatment goals and was, furthermore, inherently ambiguous as the requesting provider stated that he was seeking additional chiropractic manipulative therapy in the body of its note while then going on to seek physical therapy in the RFA form. Therefore, the request is not medically necessary.