

Case Number:	CM14-0202130		
Date Assigned:	12/15/2014	Date of Injury:	01/18/2008
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 knee and leg pain reportedly associated with an industrial injury of January 18, 2008. In a Utilization Review Report dated November 12, 2014, claims administrator failed to approve requests for 12 sessions of physical therapy for the wrist and cervical spine. The claims administrator referenced progress notes and RFA forms dated November 3, 2014, October 29, 2014, and September 26, 2014 in its denial. The applicant's attorney subsequently appealed. In an October 29, 2014 progress note, the applicant reported multifocal complaints of neck pain, low back pain, shoulder pain, wrist pain, hand pain, and knee pain. The note comprised almost entirely of preprinted checkboxes, with little to no narrative commentary. The applicant was seemingly placed off of work, on total temporary disability, for six weeks, while a psychiatry consultation, pain management consultation, orthopedic followup, ENT followup, internist consultation, neurology followup, manipulative therapy, and 12 sessions of physical therapy for the wrist and neck were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy for the cervical spine and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), www.odg-twc.com; Neck and Upper Back (Acute & Chronic)

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

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents 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 diagnoses reportedly present here. This recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability. Consultation with multiple providers in multiple specialties, including orthopedics, pain management, otolaryngology, neurology, etc., has been sought. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.