

<b>Case Number:</b>	CM14-0037117		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 low back and neck pain reportedly associated with an industrial injury of September 30, 2010. In a Utilization Review Report dated March 4, 2014, the claims administrator failed to approve a request for additional physical therapy on the grounds that the applicant had had unknown, unspecified amounts of previous physical therapy with unknown efficacy. The claims administrator did not incorporate any guidelines into its rationale but suggested that the applicant had had 20 to 24 sessions of aquatic therapy in 2012, unspecified amounts of acupuncture, epidural steroid injection therapy, eight sessions of physical therapy in 2011, and eight sessions of physical therapy in 2013. The claims administrator stated that its decision was based on an RFA form received on March 4, 2014. The applicant's attorney subsequently appealed. In a September 17, 2013 progress note, the applicant was given a Toradol-vitamin B12 injection for reported flare in low back, neck, and knee pain. The applicant was using a cane to move about. The applicant exhibited a visibly antalgic gait status post knee arthroscopy. 8/10 pain with medications versus 8/10 pain without medications was noted. The applicant's work status was not furnished on this occasion, although it did not appear that the applicant was working. In a February 4, 2014 progress note, the applicant reported ongoing complaints of low back, hip, thigh, and knee pain, 5-7/10. The applicant had received a recent shoulder corticosteroid injection. The attending provider stated that he was appealing previously denied physical therapy. The applicant's work status was not provided. A topical compounded Thera-Gesic cream, Tizanidine, and Naprosyn were endorsed. On February 3, 2014, the applicant was placed off of work, on total temporary disability. The applicant was given a shoulder corticosteroid injection and asked to employ a cane.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Extra Physical Therapy right shoulder, cervical 2 times a week for 4 weeks:** 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 Physical Medicine; Functional Restoration Approach to Chronic Pain Management section; MTUS 9792.

**Decision rationale:** While the eight-session course of treatment proposed is compatible with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts, the issue 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 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. The applicant is having difficulty performing activities of daily living as basic as ambulating. The applicant is using a cane to move about. The applicant has had at least 16 sessions of physical therapy over the course of the claim and over 20 sessions of aquatic therapy, the claims administrator posited in its Utilization Review Report. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical seemingly in excess of the MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.