

Case Number:	CM15-0104405		
Date Assigned:	06/08/2015	Date of Injury:	09/08/2014
Decision Date:	07/09/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56-year-old who has filed a claim for chronic neck, shoulder, and knee pain reportedly associated with an industrial injury of September 8, 2014. In a utilization review report dated May 21, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy for the cervical spine, shoulders, and knees. An order form dated May 5, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 25, 2015, the applicant reported ongoing complaints of neck, knee, and shoulder pain. The applicant was not working, it was acknowledged. Pain with prolonged walking was reported. Medication selection and medication efficacy were not detailed or discussed. On April 21, 2015, the applicant was again described as not significantly improved. A 20-pound lifting limitation was endorsed, although it did not appear that the applicant was working with said limitation in place. 6/10 pain complaints were reported. Once again, medication selection and medication efficacy were not discussed or detailed. On May 8, 2015, the applicant reported multifocal complaints of neck pain, shoulder pain, headaches, and knee pain. The applicant did have issues with reflux, it was reported in the review of systems section of the note. The applicant was obese, standing 5 feet 1 inch tall and weighing 194 pounds. The applicant was placed off of work, on total temporary disability. Celebrex was apparently endorsed for the first time. Additional physical therapy was apparently ordered. The treating provider on this date suggested (but did not clearly state) that the applicant had received physical therapy through other providers. In a handwritten note dated June 5, 2015, the applicant was

placed off of work, on total temporary disability. Eight sessions of physical therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly, cervical spine, bilateral shoulders & knees, QTY: 8:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: No, the request for eight sessions of physical therapy for the neck, knees, and shoulders was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, 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 off of work, on total temporary disability, as of the date of the request. It did not appear that the applicant had profited appreciably in terms of the functional improvement parameters established in MTUS 9792.20(e), despite receipt of earlier unspecified amounts of physical therapy through that point in time. Therefore, the request for additional eight sessions of physical therapy was not medically necessary.

Celebrex 200mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Conversely, the request for Celebrex, a COX-2 inhibitor, was medically necessary, medically appropriate, and indicated here. The request in question was framed as a first-time request for Celebrex. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex can be considered in applicants who are at heightened risk for GI complications. Here, the prescribing provider did report on May 8, 2015 that the applicant had a history of gastroesophageal reflux disease (GERD), suggesting that Celebrex was preferable than nonselective NSAIDs such as Motrin and/or Naprosyn here. Therefore, the first-time request for Celebrex was medically necessary.