

Case Number:	CM15-0106070		
Date Assigned:	06/10/2015	Date of Injury:	01/03/2011
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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 35-year-old who has filed a claim for chronic shoulder, neck, and arm pain reportedly associated with an industrial injury of January 3, 2011. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve requests for a pain management evaluation and physical therapy in unspecified amounts, duration, and quantity. The claims administrator referenced a RFA form received on May 11, 2015 in its determination. The applicant's attorney subsequently appealed. On November 3, 2014, the applicant was placed off of work, on total temporary disability while 12 sessions of physical therapy were endorsed. Ongoing complaints of shoulder pain were reported. On March 3, 2015, the applicant was again placed off of work, on total temporary disability. Twelve sessions of physical therapy were endorsed. Worsening shoulder pain complaints were reported. Additional physical therapy was sought. On March 31, 2015, the applicant was, once, again placed off of work. On May 11, 2015, the attending provider stated that the applicant could return to work with a "no lifting or repetitive use of left arm" limitation. It was unclear whether the applicant's employer was or was not able to accommodate said limitation. The applicant was using a shoulder harness, it was suggested. The applicant was asked to follow up with her old therapist. Overall commentary was sparse. The applicant was asked to obtain a pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: No, the request for unspecified amounts of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon an attending provider to furnish a prescription for physical therapy, which "clearly states treatment goals. " Here, the request for physical therapy in an unspecified amount, duration, frequency, and quantity, thus, was at odds with ACOEM principles and parameters and was, furthermore, inherently ambiguous and open to a variety of different interpretations. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the attending provider's May 11, 2015 progress note was thinly developed and did not outline evidence of functional improvement in terms of parameters established in MTUS 9792. 20e following receipt of earlier unspecified amounts of physical therapy. Therefore, the request was not medically necessary.

Pain management evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Conversely, the request for a pain management evaluation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant had ongoing pain complaints present on or around the date of the request, May 11, 2015. Obtaining the added expertise of a practitioner in another specialty, such as a pain management consultant, was, thus, indicated, on several levels, including for possible medication management and/or disability management purposes. Therefore, the request was medically necessary.