MAXIMUS Federal Services

Case Number:	CM15-0207385		
Date Assigned:	10/26/2015	Date of Injury:	01/06/2005
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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 61-year-old who has filed a claim for chronic low back, knee, and ankle pain reportedly associated with an industrial injury of January 6, 2005. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve requests for a follow-up visit with an orthopedic surgeon and eight sessions of physical therapy for the low back. The claims administrator referenced a September 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 22, 2015 office visit, the applicant reported multifocal complaints of knee, ankle, and low back pain. The note, in portions, was handwritten, difficult to follow, and not altogether legible. The applicant's work status was not clearly reported. The applicant was using calcium, Dexilant, and various other dietary supplements and vitamins, it was reported. Physical therapy and a follow up appointment with an orthopedist was sought via an RFA form dated September 22, 2015. The requesting provider appeared to represent the orthopedist in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visit with orthopedic surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the request for a follow up visit with an orthopedic surgeon was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow up visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant had multiple orthopedic complaints, including knee pain, ankle pain, low back pain, etc., it was reported on September 22, 2015. Obtaining a follow up visit with an orthopedic surgeon was, thus, indicated for treatment formulation and/or disability management purposes, at a minimum. Therefore, the request is medically necessary.

Physical therapy two times a week for four weeks, in treatment of the lower back Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Conversely, the request for eight sessions of physical therapy for the low back was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., 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 and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with the prescription for the same which "clearly states treatment goals." Here, however, the applicant's work status and response to earlier physical therapy were not clearly detailed or characterized on the September 22, 2015 office visit at issue, large portions of which were handwritten, difficult to follow, and not entirely legible. Clear treatment goals for further therapy, going forward, were not outlined. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20e was likewise not made evident. Therefore, the request is not medically necessary.