MAXIMUS Federal Services

Case Number:	CM15-0207397		
Date Assigned:	10/26/2015	Date of Injury:	10/19/2014
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
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 [redacted] beneficiary who has filed a claim for chronic neck, shoulder, low back, elbow, and wrist pain reportedly associated with an industrial injury of October 8, 2014. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the shoulder, elbow, and wrist and also failed to approve a separate request for six sessions of physical therapy for the cervical spine. The claims administrator referenced a September 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 30, 2015, the applicant reported ongoing complaints of shoulder, neck, elbow, wrist, hand, and knee pain. The applicant had completed six physical therapy treatments, the treating provider reported, admittedly through the use of preprinted checkboxes. A heating device of some kind, a TENS unit, and a lumbar support were endorsed. The applicant was given several topical compounded agents. Large portions of the progress note were difficult to follow and not altogether legible. The applicant was given a rather proscriptive 20-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On an RFA form dated August 17, 2015, additional physical therapy was sought for the neck, low back, shoulder, elbow, wrist, hand, and bilateral knees. Acupuncture was also seemingly sought. On an associated progress note of August 3, 2015, it was acknowledged that the applicant was not working as the employer was unable to accommodate a rather proscriptive 20-pound lifting limitation renewed on this date. Multifocal

pain complaints were reported. The note was likewise handwritten and comprised, in large part, of preprinted checkboxes. The applicant's medication list was not seemingly furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ext Physical Therapy Right Shoulder/Right elbow/right wrist x 6: 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: No, the request for six additional sessions of physical therapy for the shoulder, wrist, and elbow was not medically necessary, medically appropriate, or indicated here. 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 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 a prescription for the same with "clearly stated treatment goals." Here, the handwritten August 3, 2015 office visit was difficult to follow, thinly developed, not altogether legible, comprised, in large part, of preprinted checkboxes, and did not clearly state or clearly furnish treatment goals. The fact that a rather proscriptive 20-pound lifting limitation was renewed on that date, unchanged from prior visit, coupled with the applicant's continued reliance on several topical compounded agents, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified physical therapy over the course of the claim. Therefore, the request for an additional six sessions of physical therapy was not medically necessary.

Ext Physical Therapy Cervical x 6: Upheld

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

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

Decision rationale: Similarly, the request for an additional six sessions of physical therapy for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. 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 a prescription for the same which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated on the attending provider's handwritten, difficult-to-follow, and not altogether legible August 3, 2015 office visit which, as noted previously, comprised, in large part, of preprinted checkboxes, without much in the way of supporting rationale or supporting commentary. The fact that a rather proscriptive 20-pound lifting limitation was renewed on that date, coupled with the applicant's failure to return to work and the applicant's continued dependence on topical compounded agents, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional six sessions of physical therapy was not medically necessary.