MAXIMUS Federal Services

Case Number:	CM15-0052053		
Date Assigned:	03/25/2015	Date of Injury:	10/30/2008
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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 shoulder, wrist, knee, and low back pain reportedly associated with an industrial injury of October 20, 2008. In a Utilization Review Report dated March 4, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy to include modalities such as electrical stimulation and massage therapy. The claims administrator referenced a February 14, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On February 24, 2015, the applicant reported multifocal complaints of shoulder, knee, and low back pain. The note was very difficult to follow as it mingled historical issues with current issues. The applicant was status post shoulder surgery and multiple wrist surgeries. The applicant had various comorbidities including atrial fibrillation and diabetes, it was acknowledged. Viscosupplementation injection therapy was performed in the clinic. The applicant's work status was not detailed. On March 5, 2015, the applicant received a caudal epidural steroid injection in the clinic. Physical therapy was apparently endorsed in conjunction with the same. Once again, the applicant's work status was not detailed. In a progress note dated January 29, 2015, the applicant was described as using Norco, Percocet, Motrin, and Vicodin. The applicant was described as worsening. The applicant was asked to consider cubital tunnel release surgery. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks including E-stim, exercise and massage, in treatment of the lumbar spine quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301,Chronic Pain Treatment Guidelines pain interventions and treatments massage. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, ODG physical therapy guidelines, ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: No, the request for an additional 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the request for continued passive modalities to include electrical stimulation and massage, thus, is at odds with MTUS principles and parameters. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates 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 was seemingly off of work as of the date additional treatment was proposed. The applicant remained dependent on opioid agents such as Norco and Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.