

Case Number:	CM15-0087281		
Date Assigned:	05/11/2015	Date of Injury:	03/18/2006
Decision Date:	06/10/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 55 year old female, who sustained an industrial injury on 03/18/2006. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having chronic right pain syndrome with chronic neck and lower back pain, possible right lower extremity radiculopathy, chronic fibromyalgia, status post two right shoulder surgeries, and history of multiple deep vein thrombosis and pulmonary embolisms. Treatment and diagnostics to date has included right shoulder surgeries, and medications. In a progress note dated 02/04/2015, the injured worker presented with complaints of right shoulder pain, lower back pain, right hip pain, right knee pain, and right leg pain. Objective findings include tenderness to bilateral mid cervical spine, clavicle, and trapezium. The treating physician reported requesting authorization for physical therapy and pain management evaluation and follow ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks to multiple body parts: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Physical Therapy 2 times a week for 6 weeks to multiple body parts is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The request exceeds this recommended number of visits. The patient should be well versed in a home exercise program given a work injury dating back to 2006. It is unclear why the patient would require 12 supervised therapy visits. The request for physical therapy is not medically necessary.

Pain Management evaluation and follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 pg 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- office visits.

Decision rationale: Pain Management evaluation and follow up is not medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that selection of treatment must be tailored for the individual case. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The MTUS ACOEM states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the rationale for requiring a pain management evaluation as the patient already is followed by pain management under her own insurance and gets her medications through this physician. Furthermore, the request does not clearly state the quantity of follow up visits. The request pain management evaluation and follow up is not medically necessary.