

<b>Case Number:</b>	CM14-0158601		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	08/06/2008
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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] employee who has filed a claim for chronic knee, shoulder, and low back pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of August 6, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; long and short acting opioids; adjuvant medications; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated September 12, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as 6 sessions of the same. The applicant's attorney subsequently appealed. In a September 23, 2014 progress note, the applicant reported persistent complaints of multifocal shoulder, knee, and low back pain with derivative complaints of depression. The applicant was using six tablets of Percocet daily on top of OxyContin. The applicant's complete medication list included doxepin, Duexis, Cymbalta, Elavil, OxyContin, Oxycodone, and Colace. The applicant was not working, it was acknowledged. Additional physical therapy was apparently sought, along with a TENS unit.

### 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, left shoulder, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG, Low Back, Physical Therapy

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

**Decision rationale:** The 12-session course of treatment proposed, in and of itself represents treatment in excess of 9- to 10-session course recommended on page 99 of MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of the various body parts, the issue reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in treatment program in order to justify continued treatment. In this case, however, the applicant is off of work. The applicant remains highly dependent on opioid agents such as OxyContin and Oxycodone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.