

Case Number:	CM14-0160425		
Date Assigned:	10/06/2014	Date of Injury:	07/27/2011
Decision Date:	11/07/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 elbow, neck, and mid back pain reportedly associated with in industrial injury of July 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; sleep aids; a transcutaneous electrical nerve stimulation (TENS) unit; and unspecified amounts of physical therapy over the course of the claim. In a September 24, 2014 Utilization Review Report, the claims administrator seemingly denied a request for 12 sessions of physical therapy, it was stated at the top of the report. At the bottom of the report, the claims administrator stated that it was denying a request for 18 sessions of physical therapy. The applicant's attorney subsequently appealed. Attached is an IMR application with an October 6, 2014 letter from the applicant's psychologist, noting that the applicant had presented to the Emergency Department on two occasions in the last six months expressing suicidal thoughts. The applicant was also misusing alcohol and had issues with substance abuse. Authorization was sought for an unspecified surgery and substance abuse treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times per week times 6 weeks right elbow/cervical/thoracic spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

Decision rationale: The 12- to 18-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. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant's work status, functional status, and response to earlier treatment have not been clearly outlined. The presence or absence of functional improvement as defined in MTUS 9792.20f is not evident, although it is acknowledged that the September 19, 2014 request for authorization (RFA) form on which the services in question were sought, was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.