

Case Number:	CM14-0214700		
Date Assigned:	01/07/2015	Date of Injury:	03/03/2010
Decision Date:	03/03/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Ohio, 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] employee who has filed a claim for chronic neck, low back, knee, leg, and shoulder pain reportedly associated with an industrial injury of March 3, 2010. In a Utilization Review Report dated December 17, 2014, the claims administrator denied a request for 18 sessions of physical therapy. The claims administrator referenced progress note of September 4, 2014, in its determination. The applicant's attorney subsequently appealed. In an October 21, 2014 progress note, the attending provider acknowledged that the applicant was not working owing to sharp complaints of neck, headaches, low back pain, and left shoulder pain. MR arthrography of the shoulder, open MRI imaging of the lumbar spine, and Tizanidine were endorsed. It was suggested that the applicant had retired from her former employment. The request for 18 sessions of physical therapy was sought via an RFA form dated September 8, 2014. In an associated progress note dated September 4, 2014, the attending provider suggested that the applicant obtain a functional capacity evaluation, MR arthrography, Naprosyn, Tizanidine, Tramadol, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x6 Lumbar spine and Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain; Physical Medicine Page(s): 8, 99.

Decision rationale: The 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, the diagnosis reportedly present here. This recommendation, it is further noted, is 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 based on the treatment program in order to justify continued treatment and by commentary made in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon the prescribing provider to furnish a prescription for therapy which clearly states treatment goals. Here, the attending provider did not clearly outline treatment goals. No rationale for such as lengthy, protected course of therapy was furnished. The fact that the applicant was not working, coupled with the fact that the applicant remained dependent on various analgesic medications, including Naprosyn, Tizanidine, Tramadol, etc., furthermore, suggested a lack of functional improvement as defined in MTUS 9792.20f with earlier unspecified amounts of physical therapy treatment. Therefore, the request was not medically necessary.