

Case Number:	CM15-0118041		
Date Assigned:	06/26/2015	Date of Injury:	08/27/2014
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/18/2015

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 58-year-old who has filed a claim for chronic shoulder, elbow, hip, and low back pain reportedly associated with an industrial injury of August 27, 2014. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for 10 sessions of physical therapy for the elbow and shoulder. The claims administrator contended that the applicant had had at least 22 sessions of physical therapy over the course of the claim. The claims administrator reportedly referenced progress notes between March and May 2015 in its determination. Non-MTUS ODG Guidelines were involved in the determination. The applicant's attorney subsequently appealed. A rather proscriptive 5-pound lifting limitation was endorsed on a work status report dated August 28, 2014. In a Medical-legal Evaluation dated February 17, 2015, the applicant acknowledged that she was not, in fact, working, and had apparently not worked since the date of injury. On March 9, 2015, the applicant reported ongoing complaints of elbow, shoulder, back, and leg pain, collectively scored at 8/10. The applicant exhibited positive signs of internal impingement about the injured shoulder, with cervical paraspinal tenderness noted. Motrin, physical therapy, and a rather proscriptive 5-pound lifting limitation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left elbow and shoulder, ten sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 10 additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had already had prior treatment (22 sessions), per the claims administrator, seemingly well 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 is further 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 at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, it was stated on a Medical-legal Evaluation dated February 17, 2015. The medical-legal evaluator stated that the applicant had not worked since the date of injury. On March 9, 2015, the same, 5-pound lifting limitation, which had been imposed via a historical office visit of August 2014, was renewed. It did not appear, however, the applicant was working with said limitation in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of extensive prior physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.