

Case Number:	CM15-0174274		
Date Assigned:	09/16/2015	Date of Injury:	09/08/2014
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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 49-year-old who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of September 8, 2014. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder and bilateral knees. The claims administrator referenced a June 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 23, 2015, the applicant reported ongoing complaints of neck, knee, and shoulder pain. 12 sessions of physical therapy were endorsed. The applicant was given prescriptions of tramadol, Aciphex, Flexeril, and Celebrex. The applicant was working regular duty, it was reported in one section of the note. Lumbar MRI imaging and pain management consultation were sought. The note was very difficult to follow and mingled historical issues with current issues. The applicant had developed derivative complaints of depression, anxiety, and insomnia associated with her chronic pain, it was reported. On June 18, 2015, the applicant again reported multifocal complaints of headaches, neck pain, shoulder pain, bilateral knee pain, with ancillary complaints of wrist and low back pain. The applicant was reportedly working to tolerance, it was stated in one section of the note. The applicant's gait was not clearly described. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions to the left shoulder and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for 12 sessions of physical therapy for the shoulder and bilateral knees was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment, while the MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, progress notes of July 23, 2015 and June 18, 2015 did not clearly outline treatment goals. It was not clearly stated why the applicant could not transition to self-directed, home-based physical medicine, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, just as the applicant had already transitioned to regular duty work. The attending provider did not state what further functional deficits the applicant had which might be amenable to further formal physical therapy. The fact that MRI imaging of the lumbar spine was sought, while the applicant received renewals of multiple medications to include tramadol, Celebrex, Flexeril, etc., strongly suggested that the applicant had in fact plateaued in terms of the functional improvement measures established in MTUS 9792.20e following receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request was not medically necessary.