

Case Number:	CM15-0028368		
Date Assigned:	02/20/2015	Date of Injury:	11/14/2014
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/14/2015

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 32-year-old [REDACTED] employee who has filed a claim for chronic neck, low back, and bilateral shoulder pain reportedly associated with an industrial injury of November 14, 2014. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for a referral to an internist along with six sessions of physiotherapy for the cervical spine, lumbar spine, and bilateral shoulders. The claims administrator referenced progress note and RFA form of January 8, 2015 in its determination. The claims administrator did, it was incidentally noted, partially approve four of the six sessions of physical therapy at issue. The applicant's attorney subsequently appealed. On November 20, 2014, six sessions of physical therapy were endorsed, along with MRI imaging of cervical spine, lumbar spine, and bilateral shoulders. The applicant had alleged development of multifocal complaints of whole body pain, increased neck pain, shoulder pain, upper arm pain, and back pain reportedly associated with cumulative trauma over the five preceding years of employment. The applicant was placed off of work, on total temporary disability, for 30 days. On December 8, 2014, additional physical therapy, MRI imaging of bilateral hips, and a pain management consultation were endorsed while the applicant was again placed off of work, on total temporary disability. On January 8, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to multifocal complaints of neck, shoulder, arm, back, hip, and leg pain, 10/10. Additional physical therapy was again endorsed, along with referral to an internist. The attending provider did incidentally note in the past medical history section of

the note that the applicant had issues with psychological stress and thyroid disease. The attending provider did not state for what purpose the internal medicine consultation was proposed, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 92 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: No, the proposed referral to an internist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable treating a particular cause of delayed recovery. Here, however, the requesting provider did not clearly state or establish which diagnosis or diagnoses he was uncomfortable addressing. The requesting provider did not state for what purpose the proposed internist evaluation was being sought. Therefore, the request was not medically necessary.

Physiotherapy program for cervical spine, lumbar spine and bilateral shoulders x 6:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174;204;299.

Decision rationale: Similarly, the request for a physiotherapy program for the cervical spine, lumbar spine, and bilateral shoulders x 6 was not medically necessary, medically appropriate, or indicated here. The applicant has already had extensive physical therapy treatment as of the date of the request, January 8, 2015, likely well in excess of the one of two visits endorsed in the MTUS Guidelines in ACOEM Chapter 8, Table 8-5, page 174 and ACOEM Chapter 12, Table 12-5, page 299 for education, counseling, and evaluation of home exercise transition purposes insofar as the cervical spine and lumbar spine were/are concerned. Similarly, the applicant had received extensive prior physical therapy treatment in December 2014 and January 2015 alone, likely in excess of the initial and follow-up visits recommended for education, counseling, and evaluation of home exercise transition purposes for applicants with shoulder pain complaints, per ACOEM Chapter 9, Table 9-3, page 204. The applicant had, however, failed to demonstrate a favorable response to the same. The applicant remained off of work, on total temporary disability, as of the date of the request. The applicant continued to report severe, 10/10 pain complaints, despite receipt of earlier physical therapy in unspecified amounts over course of the

claim. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of extensive prior physical therapy in November 2014, December 2014, and January 2015. Therefore, the request for an additional six sessions of physical therapy was not medically necessary.