

Case Number:	CM13-0006651		
Date Assigned:	03/12/2014	Date of Injury:	08/03/2012
Decision Date:	05/12/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/05/2013

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 neck pain reportedly associated with an industrial injury of August 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; transfer of care to and from various providers in various specialties; stellate ganglion blocks, and extensive periods of time off of work. In an earlier note of April 15, 2013, the applicant is given a diagnosis of chronic regional pain syndrome/reflex sympathetic dystrophy type 1 of the left hand. The applicant was given a rather proscriptive lifting limitation of no lifting more than two pounds. This limitation was not accommodated, the attending provider noted. A physical therapy progress note of June 21, 2013 suggests that the applicant has had at least 14 sessions of treatment through that point in time. On August 16, 2013, the applicant was described as having persistent pain complaints. She was doing home exercise. She had some tingling about the hands and digits, it was stated. She is on Flexeril and Naprosyn for pain relief. Her BMI is 29. She is placed off of work, on total temporary disability, on this occasion, and asked to pursue a stellate ganglion block. A later physical therapy note of September 11, 2013 suggested that the applicant has had two sessions of physical therapy through that course, while September 25, 2013 physical therapy note suggested that the claimant has had four sessions of physical therapy through a second course of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE NECK, 3 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Cervical and Thoracic Spine Chapter; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

Decision rationale: The request for 18 sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The applicant has had prior treatment (at least 18 sessions), seemingly consistent with the 24-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for chronic regional pain syndrome, the issue present here. In this case, however, there has been no demonstration of functional improvement, which would support further treatment beyond the guidelines. The applicant has failed to return to any form of work. Significant physical impairment persists. The applicant's work restrictions are worsening from visit to visit as opposed to improving. At one point, the applicant was given a rather proscriptive 2-pound lifting limitation. At or around the date of the request, however, the applicant was off of work, on total temporary disability, implying that the earlier physical therapy had been unsuccessful. It is further noted that the 18-session course of additional treatment proposed here would represent treatment well in excess of MTUS parameters and guidelines, which further recommend tapering or fading the frequency of treatment over time and emphasizing the importance of self-directed home physical medicine. Accordingly, the request is not certified, for all the stated reasons.