

Case Number:	CM13-0016584		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2003
Decision Date:	05/20/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 and shoulder pain reportedly associated with an industrial injury of September 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; topical agents; and earlier shoulder surgery. In a Utilization Review Report of August 8, 2013, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In an earlier progress note of March 12, 2013, the applicant's treating provider noted that the applicant had had a flare of shoulder and neck pain. The applicant was on Flector, Vicodin, and Voltaren gel. Range of motion about the cervical spine was limited secondary to pain. The applicant did exhibit well-preserved shoulder range of motion. A 12-session course of physical therapy treatment was sought. It appears that the applicant received 16 sessions of physical therapy between 2013 and 2014, based on a survey of the file. The applicant's work and functional status were not clearly detailed; however, it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE BILATERAL SHOULDERS AND NECK: Upheld

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

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

Decision rationale: The applicant has had prior treatment in 2013 and 2014 (over 15 sessions), which is in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. No rationale for additional treatment beyond the guideline has been provided. The 12-session course proposed here, in and of itself, does represent 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. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize active therapy, active modalities, and tapering or fading the frequency of treatment over time. The 12-session course of treatment proposed here is in excess of MTUS parameters and principles for treatment at this late date, some 10 to 11 years removed from the date of injury. Therefore, the request is not medically necessary.