

Case Number:	CM13-0016982		
Date Assigned:	10/11/2013	Date of Injury:	08/09/2005
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 and myalgias reportedly associated with an industrial injury of August 9, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and extensive period of time off of work, on total temporary disability. The applicant has not worked since July 17, 2012, it was noted in an agreed medical evaluation on August 28, 2013. In a utilization review report of August 14, 2013, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney later appealed. An earlier clinical progress note of July 16, 2013, is notable for comments that the applicant reports heightened neck and shoulder pain which she attributes to carrying laundry at home. She is on Flexeril, Norco, Neurontin, and topical Terocin, and another topical ketoprofen compound. The applicant is given refills of Flexeril and asked to pursue a 12-session course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy for left shoulder two (2) times a week for six(6) visits, consisting of therapeutic exercises, physical medical therapy(soft tissue mobility), e-stimulation, infrared, and ultrasound, plus evaluation, not to exceed 4 units per session:
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 Chapter 8 Page(s): 99.

Decision rationale: Such treatment alone would represent treatment in excess of the 9- to 10-session course recommended on the page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for myalgias and her myositis of various body parts. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines further state that the usage of active modalities such as exercise and education is associated with substantially better outcome than passive modalities such as electric stimulation, infrared, and ultrasound being sought here. In this case, it is further noted that the applicant has had extensive amounts of physical therapy over the life of the claim and failed to profit from the same. She remains off of work, on total temporary disability, and remains highly reliant on various oral analgesia, adjuvant, and topical medications, including ketoprofen, Flexeril, Neurontin, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20(f) through prior physical therapy. Therefore, the request is non-certified, on independent medical review.