

Case Number:	CM13-0020338		
Date Assigned:	10/11/2013	Date of Injury:	11/13/2007
Decision Date:	01/13/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

physician states diagnosis of shoulder pain, arthrosis of shoulder, complex regional pain syndrome of LUE, neuropathy of forearm, myofascial pain and cervicalgia. According to medical reports patient is status post spinal cord stimulator dated 07/09/2013. Progress report dated 08/07/2013 states subjective complaints are primarily of neck muscle tightness s/p inserting of the spinal cord stimulator. Left shoulder and arm complaints are minimal. Tingling to left forearm and hand has resolved. Objective findings discussed diffuse neck paracervical muscle tightness. LUE exam much improved with no TTP or provocation of tingling to the arm or hand. Additional progress reports dated 09/05/2013 and 10/03/2013 notes worsening neck symptoms. Pain is described as constant moderate neck muscle tightness with associated headaches. Objective finding on examinations show decreased ROM on all planes. Extensive, moderate tenderness and hypersensitivity over the bilateral upper and lower para cervical, and trapezius muscles. Treating physician is requesting 2x3 physical therapy sessions. QME report dated 06/26/2013, states patient has failed conservative management including Flexeril, Cymbalta, Oxydone, Ativan and stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for three (3) weeks to cervical region and left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The treating physician has requested 6 PT sessions to help the patient with increasing muscle tightness and pain to improve LUE strength s/p spinal cord stimulator implant from 07/09/2013. There is a diagnosis of shoulder pain, arthritis of shoulder, complex regional pain syndrome of LUE, neuropathic pain of forearm, myofascial pain and cervicalgia. Progress reports dated 08/07/2013, 09/05/2013, 10/03/2013 show consistent progressive tightness in neck muscles and decrease in range of motion. MTUS Physical Medicine Guidelines allow for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Although UR report from 08/28/2013 mentions that the patient has had PT in the past, there was no documentation of recent therapy notes or reference to a recent course of therapy in the medical reports provided. It seems the patient may benefit from guided PT to improve the recent increase in pain and decline in function following the Spinal Cord Stimulator implant. Recommendation is for approval of 2x3 PT.