MAXIMUS Federal Services

Case Number:	CM13-0022741		
Date Assigned:	11/13/2013	Date of Injury:	12/07/2012
Decision Date:	01/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 32-year-old male who reported an injury on 12/07/2012. The patient was noted to have complaints of pain in his head, neck, upper back, mid back, and shoulders with radiation to his bilateral arms, and weakness in the left arm. It was noted the patient was continuing both acupuncture and physical therapy and found those treatments to be effective. He was also noted to be using a TENS unit. The physical exam findings at his most recent visit stated full range of motion to the cervical spine, tenderness to palpation over the bilateral cervical paraspinal muscles, negative Spurling's maneuver bilaterally, normal shoulder examination, tenderness to palpation over the anterior aspect of the shoulder, full range of motion of the lumbar spine, and full range of motion to the bilateral knees. It was also noted that his motor strength was normal throughout the bilateral upper extremities and bilateral lower extremities and his sensory exam was grossly intact to light touch and pinprick throughout the upper extremities. His diagnoses were listed as cervicalgia, rotator cuff sprain, and bicipital tenosynovitis. It was stated recommendation was to continue conservative treatment for complaints of the neck and shoulder pain to include continued acupuncture, physical therapy, and a TENS unit. A request was made for an additional 6 visits of physical therapy, as well as an electric heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the neck and shoulders (6 sessions): Upheld

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

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

Decision rationale: California MTUS Guidelines state physical medicine is recommended for patients with myalgia and myositis at 9 to 10 visits over 8 weeks. The case notes indicate the patient has had a total of 27 physical therapy visits to date. As the patient was shown to have physical therapy visits which far exceeded the recommendations by the guidelines and was shown to not have significant objective functional deficits at his most recent physical exam, the request is not supported by guidelines. The request for six additional physical therapy sessions is not medically necessary and appropriate.

electric heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: According to ACOEM Guidelines for neck and upper back complaints, at home local application of cold packs is recommended during the first few days of acute complaints; thereafter, application of heat packs is recommendation. Although the patient has been shown to have musculoskeletal pain and diagnosis of cervicalgia, rotator cuff sprain, and bicipital tenosynovitis, the documentation does not indicate the patient has tried other heat application modalities at home and has not provided significant relief to support the purchase of an electric heating pad. The request for an electric heating pad is not medically necessary and appropriate.