MAXIMUS Federal Services

Case Number:	CM13-0024332		
Date Assigned:	12/11/2013	Date of Injury:	05/09/2012
Decision Date:	02/21/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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 an [redacted] employee who has filed a claim for chronic neck, shoulder, wrist, and upper arm pain reportedly associated with an industrial injury of May 9, 2012. 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, chiropractic manipulative therapy; acupuncture; and work restrictions. In the applicant's questionnaire of November 6, 2013, the applicant acknowledges that she is working modified duty. In a utilization review report of August 30, 2013, the claims administrator denied a request for additional physical therapy on the grounds that the applicant had had 21 sessions of physical therapy over the life of the claim. The applicant later appealed. In a November 6, 2013 progress note, it is stated that the applicant reports persistent 7/10 shoulder and wrist pain with associated numbness, tingling, and paresthesias. The applicant exhibits unrestricted and pain free shoulder range of motion to 180 degrees bilaterally. Full range of motion about the cervical spine is also appreciated, despite tenderness. The applicant also retains 5/5 upper extremity strength. The applicant is returned to modified duty work with a fairly permissive limitation of taking a 10 minute break each hour.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

Decision rationale: The applicant has already had prior treatment (21 sessions); seemingly well in excess of the 9 to 10 session course recommended on page 99 of the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that the MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in chapter 3 states that an attending provider should clearly furnish treatment goals and directives to the treating therapist as well as provide a specific description of a lesion causing an applicant's symptoms. In this case, however, the attending provider did not clearly furnish any treatment goals or treatment recommendations. As suggested by the previous utilization reviewer, the applicant does seemingly retain well-preserved shoulder, upper arm, wrist, and neck range of motion and strength. The applicant does not have much in the way of residual neurologic and/or musculoskeletal deficits and is therefore a candidate to transition to a home exercise program without a need for another lengthy course of physical therapy. Therefore, the original utilization review decision is upheld. The request remains non certified.