

<b>Case Number:</b>	CM13-0029173		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 reportedly associated with an industrial injury of September 19, 2011. 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; an H-Wave device; a shoulder arthroscopy of October 4, 2012; and extensive periods of time off of work. In a utilization review report of September 9, 2013, the claims administrator denied a request for additional physical therapy. The claims administrator incorrectly cited the ODG Guidelines as opposed to the MTUS Chronic Pain Medical Treatment Guidelines. An earlier note of November 13, 2013 is difficult to follow, not entirely legible, is blurred as result of repetitive photocopying, and is notable for comments that the applicant will remain off of work, on total temporary disability owing to issues related to chronic neck pain secondary to degenerative disk disease. The applicant is presently using an H-Wave device. She has issued refills of Lopressor, hydrochlorothiazide, Voltaren, Prilosec, BuTrans, Ambien, Naprosyn, Flexeril, Vicodin, and Cytotec. An earlier note of October 8, 2013 is also notable for comments that the applicant is off of work and will remain so following prior October 4, 2012 surgery. She is asked to continue physical therapy while remaining off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy visits 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Physical Therapy.

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

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that the demonstration of functional improvement at various milestones in a functional restoration program is a prerequisite to continued treatment. In this case, however, there is no seeming demonstration of functional improvement which would justify continued treatment. The applicant has failed to return to work. The applicant is off of work, on total temporary disability, and remains highly dependent on various medications, including Vicodin, Flexeril, Naprosyn, BuTrans, etc. Continuing physical therapy in the face of the applicant's failure to demonstrate functional improvement as defined in section 9792.20f is not indicated. Therefore, the request is not certified.