

Case Number:	CM13-0036924		
Date Assigned:	03/28/2014	Date of Injury:	06/12/2012
Decision Date:	04/30/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 12, 2012. In a Utilization Review report of September 17, 2013, the claims administrator partially certified request for 12 sessions of physical therapy to the cervical spine as two sessions of physical therapy to the cervical spine, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. It was stated that the applicant previously had 14 sessions of physical therapy to date. A subsequent note of January 13, 2014 is notable for comments that the applicant reports persistent neck pain, unimproved. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was given prescriptions for Naprosyn and Zanaflex and asked to pursue facet joint injection therapy. In a November 15, 2013 progress note, the same 10-pound lifting limitation was endorsed, which the attending provider insinuated was not accommodated by the applicant's employer. In earlier note of September 9, 2013, it was again stated that the applicant's employer was unable to accommodate her work restrictions. Neck pain, limited range of motion, and cervicogenic headaches were appreciated. Additional physical therapy was endorsed. It was stated that the applicant was not a candidate for any kind of surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: No, the request for 12 sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The applicant had had earlier physical therapy (14 sessions) over the life of the claim, seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. The applicant does not appear to respond favorably to the same. The applicant remains highly reliant on various medications, including Norco, Naprosyn, and Norflex, as well as interventional spine procedures, including epidural steroid injections, trigger point injections, etc. The applicant does not appear to have returned to work at [REDACTED]. All of the above, taken together, imply that the 14 prior sessions of physical therapy were unsuccessful. Pursuit of repeat physical therapy is not indicated, given the failure of earlier physical therapy. Therefore, the request is not certified, on Independent Medical Review.