

Case Number:	CM13-0041920		
Date Assigned:	03/24/2014	Date of Injury:	08/09/2001
Decision Date:	07/31/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 52-year-old male who reported an injury on 08/09/2001. The mechanism of injury was not provided for clinical review. The diagnoses included chronic cervical pain with myofascial pain, history of thoracic outlet syndrome, bilateral shoulder sprain/strain, and multiple GI symptoms. Previous treatments include medication, EMG, surgery, physical therapy, and injections. Within the clinical note dated 03/19/2013, it was reported the injured worker complained of neck, shoulder, and upper extremity pain. Upon the physical examination, the provider noted tenderness to palpation of the cervical spine. The provider requested a prospective request for 8 physical therapy sessions to help with residual symptoms. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker complained of neck, shoulder, and upper extremity pain. The Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia eight to ten visits of physical therapy are recommended. There is lack of documentation, including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. There is lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. There is lack of documentation, including the number of sessions the injured worker has undergone. The request submitted failed to provide the treatment site. Therefore, the request for eight physical therapy sessions is not medically necessary or appropriate.