

Case Number:	CM13-0042780		
Date Assigned:	12/27/2013	Date of Injury:	11/03/2010
Decision Date:	04/30/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

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 applicant is represented [REDACTED], employee who has filed a claim for chronic neck pain reportedly associated with an industrial motor vehicle accident (MVA) of November 3, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; 10 sessions of physical therapy in 2013, per the claims administrator; attorney representations; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of October 3, 2013, the claims administrator denied a request for an additional eight sessions of physical therapy, stating that the applicant had completed eight earlier sessions of physical therapy and that the applicant should therefore transition to a home program. The applicant's attorney subsequently appealed. A September 5, 2013 progress note is notable for comments that the applicant reports persistent 2-3/10 pain, with associated stiffness and limited range of motion appreciated. An additional eight sessions of physical therapy are sought. The applicant's work status is not clearly detailed. In a physical therapy progress note of August 30, 2013 it was stated that the applicant had received 10/10 sessions of physical therapy recently prescribed. Multiple handwritten progress notes throughout 2013, including January 28, 2013 and February 13, 2013, do suggest that the applicant has returned to regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99..

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

Decision rationale: The applicant has had prior treatment in 2013 alone (a 10-session course), seemingly compatible with a 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. In this case, the additional eight sessions of treatment proposed would represent treatment beyond the guideline. No clear rationale for treatment beyond the guideline has been provided. Since the claimant has already seemingly returned to regular work, he should likely be capable of transitioning toward independent self-directed home physical medicine, as suggested both on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.