

Case Number:	CM13-0042853		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2011
Decision Date:	04/25/2014	UR Denial Date:	10/11/2013
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 Physical Medicine & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 patient reported an injury on 11/24/1973. The mechanism of injury was not provided in the medical records supplied for review. Clinical note dated 05/20/2013 noted that the patient reported that he had 2 weeks of mild flare up in his pain then began to get better. Overall, he reports 75% relief of pain. He still has some soreness in his right trapezius. He continues to work. He has stopped taking his Vicodin. He still takes an occasional Aleve as needed. The patient rated his pain level on a scale of 0 to 10 with a current level of 2/10. Upon exam, the patient was noted to have full range of motion and minimal tenderness over the posterior elements. The patient suffers from chronic cervical axial pain. The patient has a history of medial branch blocks at C5, C6 and C6 provided 80% to 90% relief for the duration of the local anesthetic. Physical therapy note dated 08/22/2013 documentation noted decreased left functional upper trapezius muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR 6 PHYSICAL THERAPY SESSIONS: Upheld

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

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing of soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatments of neuralgia, neuritis, or radiculitis. The documentation provided for review noted that the patient had completed 12 physical therapy sessions from 07/27/2013 to 08/22/2013. The patient showed slight improvements in the cervical range of motion and strength following physical therapy and he reported decreased levels of pain. The documentation provided for review with the guidelines for the California MTUS for Manual Therapy, the patient has exceeded his sessions at this time. Therefore, the request for therapy is non-certified.