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| Case Number: | CM13-0044985 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/27/1999 |
| Decision Date: | 04/21/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of September 27, 1999. A utilization review determination dated October 15, 2013 recommends noncertification of physical therapy. A progress report dated September 12, 2013 includes subjective complaints of neck pain and stiffness exacerbated with her current work duties. The note indicates the patient has not been authorized to undergo physical therapy to include myofascial release. Objective examination findings identify tenderness in the posterior cervical and bilateral trapezium musculature, with tenderness around both forearms. Diagnoses include overuse syndrome, bilateral upper extremities, and cervical spondylosis. The treatment plan indicates that the patient is quite symptomatic, and recommends physical therapy for the upper extremities and cervical spine to include deep myofascial release 2 times weekly for the next 6 weeks. Additionally, medication is recommended. A physical therapy initial evaluation dated May 5, 2013 indicates that the patient presents for 4 weeks of physical therapy. A progress report dated May 23, 2013 indicates that the patient reports slight improvement with 4 sessions of physical therapy. There is also slight improvement with range of motion and grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE UPPER EXTREMITIES AND CERVICAL SPINE TO INCLUDE DEEP MYOFASCIAL RELEASE 2X A WEEK X 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, NECK CHAPTER, PAGE 173.

Decision rationale: Regarding the request for additional physical therapy, CA MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.