

Case Number:	CM13-0045411		
Date Assigned:	12/27/2013	Date of Injury:	09/11/2012
Decision Date:	02/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 a represented [REDACTED] employee who has filed a claim for neck, shoulder, mid back, and wrist pain reportedly associated with an industrial injury of September 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; 16 prior sessions of physical therapy; eight sessions of chiropractic manipulative therapy; and four sessions of massage therapy. In a utilization review report of October 15, 2013, the claims administrator denied a request for eight sessions of physical therapy, citing non-MTUS ODG Guidelines, although the MTUS in fact addresses the topic. In a physical therapy note of October 3, 2013, it is stated that the applicant has improved since attending physical therapy. She now wants to return to work. Range of motion is reportedly approaching near normal to normal parameters. It is stated that the applicant would benefit from additional physical therapy. An additional eight sessions of treatment are sought. It is stated that the applicant should be able to return to work. An earlier medical note of October 8, 2013 is notable for comments that the applicant has pain with twisting and turning. Work restrictions are again endorsed. An additional eight-session course of physical therapy is endorsed along with a 20-pound lifting limitation. An earlier note of September 16, 2013 was notable for comments that the applicant remained off work, on total temporary disability, at that point in time. In a letter dated September 5, 2013, the applicant's attending provider writes that the applicant should be able to return to work effective September 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for Cervical and Thoracic Spine, Right shoulder and Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: The applicant had already had prior treatment (16 sessions) over the life of the claim, seemingly in excess of the 9 to 10-session course recommended on page 99 of the Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. Page 99 of the Chronic Pain Medical Treatment Guidelines further emphasizes the importance of active therapy, active modalities, and self-directed home physical medicine, and further endorses tapering or fading the frequency of treatment over time. In this case, while a lesser amount of treatment on the order of a few sessions to facilitate the applicant's transition to a home exercise program could have been endorsed, the eight-session course of treatment being proposed here cannot as this runs counter to the philosophy espoused on page 90 of the Chronic Pain Medical Treatment Guidelines to continue active therapies at home as an extension of the treatment process.