

Case Number:	CM13-0052972		
Date Assigned:	12/30/2013	Date of Injury:	06/29/2012
Decision Date:	03/12/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 chronic neck pain reportedly associated with an industrial injury of July 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim, including four sessions of treatment earlier in 2013, per the claims administrator; attorney representations; transfer of care to and from various providers in various specialties; and reported return to regular duty work. In a Utilization Review Report of November 7, 2013, the claims administrator denied a request for eight sessions of physical therapy on the grounds that the applicant could not have any marked deficits. The applicant's attorney subsequently appealed. In a progress note of October 31, 2013, the applicant has described as having had four recently physical therapy sessions, which helped substantially. She is working. She is status post trigger point injection therapy. Near-normal cervical range of motion is noted with no neurologic deficits appreciated about either upper extremity. The applicant can return to regular duty work and is asked to pursue an eight-session course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy 2x4, Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.odg-twc.com, Neck & Upper Back Section (Acute & Chronic).

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

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and tapering or fading the frequency of physical therapy over time, and self-directed home physical medicine are recommended, along with a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts. In this case, the applicant has reportedly had four prior sessions of physical therapy earlier in 2013. An additional eight sessions would represent treatment in excess of that suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines and does not appear to be indicated, given the minimal to no residual deficits documented on the office visit in question. The applicant was described as having no neurologic deficits and only minimal range of motion deficits. The applicant had already returned to regular work. While a few additional sessions of treatment to facilitate the applicant's transition to a home exercise program could have been supported, the eight-session course of treatment being proposed here cannot. Accordingly, the request is not certified, on Independent Medical Review.