

Case Number:	CM13-0054881		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2012
Decision Date:	03/25/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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, shoulder, wrist, back, foot, and ankle pain reportedly associated with an industrial injury of June 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to from various providers in various specialties; at least nine sessions of physical therapy to date, per the claims administrator; and extensive periods of time off of work. In a utilization review report of November 1, 2013, the claims administrator denied a request for eight sessions of physical therapy, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. An October 30, 2013 progress note is notable for comments that the applicant reports persistent neck pain, bilateral upper extremity pain, numbness, tingling, paresthesias, difficulty with sleeping. The applicant is asked to pursue cervical epidural steroid injection therapy along with additional physical therapy while remaining off of work, on total temporary disability. Ambien is endorsed for insomnia purposes. An earlier note of October 2, 2013 was again notable for comments for the applicant, should employ Naprosyn, Zanaflex, Tramadol, Norco, and Fioricet for pain relief while remaining off of work, on total temporary disability.

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 the neck, left shoulder, wrist, and back:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. In this case, however, there has been no demonstration of functional improvement, which would justify additional treatment beyond the guideline. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various analgesic medications, including Norco, Tramadol, Zanaflex, Fioricet, etc. All of the above, taken together, indicate a lack of functional improvement as defined in the MTUS, despite completion of extensive physical therapy over the life of the claim. The request for physical therapy twice a week for four weeks for the neck, left shoulder, wrist, and back is not medically necessary and appropriate.