

Case Number:	CM13-0056132		
Date Assigned:	12/30/2013	Date of Injury:	03/18/2011
Decision Date:	03/21/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/21/2013

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 and shoulder pain reportedly associated with an industrial injury of March 18, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; the apparent imposition of permanent work restrictions; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report on November 7, 2013, the claims administrator denied a request for 18 sessions of physical therapy. An earlier progress note of October 29, 2013 is notable for comments that the applicant presents with left-sided neck and shoulder pain. The applicant underwent ultrasound-guided trigger point injections in the clinic. The applicant has comorbid hypertension, it is stated. Additional physical therapy is apparently sought. The applicant's work and functional status were not clearly detailed or clearly described. In an earlier report of July 15, 2013, the applicant was declared permanent and stationary and given a 35-pound lifting limitation. It did not appear that the applicant had returned to work as a forklift driver with said permanent limitation in place. The applicant was given a 10% whole-person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 x 4-6 visits for the neck and left shoulder: Upheld

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

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 9 to 10 sessions of treatment is recommended for the diagnoses of myalgias and myositis of various body parts, seemingly present here. In this case, however, the applicant has already been declared permanent and stationary. His work status and work restrictions are static and unchanged from visit to visit. It is not clear how much cumulative physical therapy he has had over the life of the claim. Pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further endorse tapering or fading the frequency of physical therapy over time and, moreover, emphasize active therapy, active modalities, and self-directed home physical medicine. In this case, no clear treatment goals for further therapy have been proffered by the attending provider. It is unclear why additional treatment on the order of that proposed is being sought if the applicant is already permanent and stationary. While few additional sessions of physical therapy to facilitate the applicant's transition to a home exercise program could have been supported, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, the lengthier 8- to 18-session course of treatment being sought at this stage in the claim cannot, for all of the stated reasons. Therefore, the request remains non-certified, on independent medical review.