MAXIMUS Federal Services

Case Number:	CM13-0057061		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2013
Decision Date:	04/10/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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:

The applicant is a represented [redacted] employee who has filed a claim for neck pain reportedly associated with an industrial injury of March 6, 2013. 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; unspecified amounts of manipulative therapy; unspecified amounts of physical therapy; and x-rays of the injured shoulder and chest on the date of the injury, reportedly negative for fracture. An earlier note of October 25, 2013 is notable for comments that the applicant has returned to regular work following an industrial motor vehicle accident. Her pain is 2/10. She has no pleuritic chest pain present. There is no ecchymosis evident. She does have residual neck, low back, mid back and shoulder pain, acknowledged. She has no limp in the clinic. Despite multifocal tenderness, the applicant does not have any motor or sensory deficits. Additional physical therapy, Advil, Tylenol, and diagnostic testing were endorsed. Multiple handwritten physical therapy progress notes are interspersed throughout the file, including those dated May 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 12-session course of treatment proposed here would represent, in and of itself, treatment in excess of the 9Â¬ to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and/or myositis of various parts, the diagnosis reportedly present here. In this case, the applicant's symptoms appear to resolving spontaneously over time. Pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further endorse active therapy, active modalities, stating the frequency of treatment over time and self-directed home physical medicine. The 12-session course of treatment proposed here does not conform to MTUS parameters, for all the stated reasons. Therefore, the request is not certified, on independent medical review.