MAXIMUS Federal Services

Case Number:	CM13-0061278		
Date Assigned:	12/30/2013	Date of Injury:	02/24/2011
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

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 represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; cervical epidural steroid injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 27, 2013, the claims administrator denied a request for twelve (12) sessions of physical therapy citing the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a permanent and stationary report of February 1, 2013, the applicant was described as capable of performing her usual and customary job duties. She was, somewhat incongruously, given a 15 pound lifting limitation and an 8% whole person impairment rating. A medical legal note of October 15, 2013 is notable for comments that the applicant was given 2% whole person impairment rating pertaining to the shoulder and a rather proscriptive 10 pound lifting limitation. On November 18, 2013, the primary treating provider noted that the applicant reported 7/10 neck and upper back pain. Flector, tramadol, Neurontin, and a 12 session course of physical therapy were seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The 12-session course of treatment being proposed here would, in and of itself represent treatment in excess of the 9 to 10-session course recommended by the Chronic Pain Medical Treatment Guidelines. The attending provider has not proffered any applicant specific rationale along with the request for authorization so as to try and support treatment in the excess of the guideline. The progress note in question was sparse, handwritten, difficult to follow, and not entirely legible. It is not clearly stated what the goals of therapy are at this point in time. It is not clearly stated whether the applicant is in fact working and/or whether the applicant is considering further shoulder surgery. As noted in the MTUS/ACOEM Guidelines, an attending provider should provide a clear prescription, which states treatment goals along with any request for physical therapy. This was not furnished here. For all of the stated reasons, then, the request is not certified, on independent medical review.