

Case Number:	CM13-0062888		
Date Assigned:	12/30/2013	Date of Injury:	01/26/2013
Decision Date:	04/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 chronic neck pain reportedly associated with an industrial injury of January 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; prior shoulder arthroscopy on October 9, 2013; an MRI of the cervical spine on March 16, 2013, notable for multilevel low grade disk protrusions of uncertain clinical significance; and extensive periods of time off of work. In a utilization review report of November 22, 2013, the claims administrator denied a request for 12 sessions of physical therapy, noted that the applicant was status post shoulder labral repair on October 9, 2013. The claims administrator stated that there is no documentation as to how much prior physical therapy the applicant had had insofar as the cervical spine was concerned. The applicant's attorney subsequently appealed. An earlier note of January 30, 2013 was notable for comments that the applicant was placed off of work, on total temporary disability, owing to issues with neck pain, low back pain, shoulder pain, wrist pain, knee pain, and ankle pain following a traumatic motor vehicle accident (MVA). A subsequent chiropractic progress note of February 15, 2013 also do not detail how much prior physical therapy the applicant had had. A neurosurgery consultation of June 13, 2013 was notable for comments that the applicant reported ongoing neck and low back pain with associated upper and lower extremity paresthesias. The applicant is asked to pursue physical therapy, analgesic medications, and muscle relaxants, a TENS unit, MRI imaging, and electrodiagnostic testing while remaining off of work, on total temporary disability. The utilization reviewer, it is incidentally noted, cited non-MTUS ODG Guidelines, although the MTUS does address the topic at hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR 6 WEEKS, FOR THE CERVICAL SPINE: Upheld

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

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 MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, recommend 9-10 visits of physical therapy. There is no rationale or documentation attached to the request for authorization or application for Independent Medical Review so as to support treatment in excess of the guideline. It is further noted that it has not been clearly stated how much prior treatment the applicant has had to date for the effected cervical spine and/or what the response was. As noted on page 48 of the MTUS-adopted ACOEM Guidelines in Chapter 3, states that the attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." In this case, the prescription for additional physical therapy did not conform to the ACOEM standard. The request for 12 sessions of physical therapy for the cervical spine are not medically necessary and appropriate.