

Case Number:	CM13-0063108		
Date Assigned:	12/30/2013	Date of Injury:	10/30/2012
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
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 October 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from previous provider in various specialties; unspecified amounts of physical therapy over the life of the claim; and electrodiagnostic testing of July 19, 2013, notable for mild-to-moderate bilateral carpal tunnel syndrome, mild ulnar neuropathy. In a utilization review report of November 25, 2013, the claims administrator denied a request for 12 sessions of physical therapy for the cervical spine and bilateral hands, stating that the applicant has completed extensive physical and occupational therapy without any seeming benefit. The applicant's attorney subsequently appealed. An earlier progress note of November 11, 2013 is notable for comments that the applicant has improved with prior therapy and has developed increased pain owing to her work schedule. Diclofenac, Prilosec, and Voltaren were renewed. An earlier handwritten note of September 23, 2013 is notable for comments that the applicant was placed 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 TWICE A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE AND BILATERAL HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 Topic Page(s): 99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts recommend 9-10 visits over 8 weeks. The 12 sessions of physical and occupational therapy being proposed exceed the MTUS guideline recommendation. Additionally, the attending provider has not furnished any clear rationale or narrative along with the request for authorization so as to support treatment in access of MTUS parameters. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48, states that attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." In this case, the documentation on file is sparse and does not clearly state treatment goals. Additionally, the applicant's work and functional status have likewise not been clearly detailed. The request for 12 additional physical therapy sessions are not medically necessary and appropriate.