

Case Number:	CM13-0063893		
Date Assigned:	12/30/2013	Date of Injury:	05/10/2013
Decision Date:	05/20/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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, shoulder pain, and possible thoracic outlet syndrome reportedly associated with an industrial injury of May 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of the physical therapy over the life of the claim; transfer of care to and from various providers in various specialties; and several months off of work, on total temporary disability. In a utilization review report of December 4, 2013, the claims administrator denied a request for 12 sessions of physical therapy, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In an October 25, 2013 progress note, the applicant presented with persistent neck and shoulder pain with associated paresthesias. The applicant exhibited limited shoulder and neck range of motion. An additional 12-session course of physical therapy was sought while the applicant was again placed off of work, on total temporary disability. The applicant's medication list was not provided. A November 22, 2013 progress note was again notable for comments that the attending provider reiterated a request for 12 additional sessions of physical therapy and again placed the applicant off of work, on total temporary disability. An early note of August 1, 2013 was notable for comments that the applicant was off of work as of that date, while employing Flexeril for pain relief.

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 Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The 12-session course of physical therapy proposed here, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue seemingly present here. In this case, however, there has been no demonstration of functional improvement with the earlier physical therapy treatment. The applicant remains off of work, on total temporary disability. There has been no interval diminution in work restrictions from visit to visit. There has been no reduction in dependence on medications or other forms of medical treatment. Therefore, the request for additional physical therapy in excess of the guideline is not medically necessary.