

Case Number:	CM13-0066860		
Date Assigned:	01/03/2014	Date of Injury:	03/15/2011
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 shoulder and neck pain reportedly associated with an industrial injury of March 15, 2011. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; at least 30 sessions of physical therapy to date, per the claims administrator; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of December 4, 2013, the claims administrator partially certified a request for 12 sessions of physical therapy as six sessions of physical therapy, apparently targeting the cervical spine. The applicant cited non-MTUS ODG Guidelines to support the modification. The applicant's attorney subsequently appealed. A November 11, 2013 progress note is notable for comments that the applicant is status post right shoulder surgery in August 2012 and carpal tunnel release surgery in 2005. The applicant has longstanding neck pain radiating to the right arm. She is on Vicodin, tramadol, and Motrin and reportedly tried physical therapy, manipulation, and acupuncture with "limited relief." The applicant is described as having well-preserved upper extremity strength on exam. Repeat cervical MRI imaging is sought, along with additional physical therapy. However, the applicant remains 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 ONE TO TWO (1-2) TIMES A WEEK FOR SIX (6) WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts, recommends 9- to 10-session of physical therapy. Based on the medical records provided for review there has, there is no demonstration of functional improvement which would further treatment beyond the guideline. The applicant remains off of work, on total temporary disability. The attending provider himself writes that the earlier physical therapy, manipulative therapy, and acupuncture have only provided limited relief. Pursuing additional treatment in excess of the MTUS parameters without evidence of functional improvement is not recommended. The request for physical therapy one to two times a week for six (6) weeks for the cervical spine is not medically necessary and appropriate.