

Case Number:	CM14-0002694		
Date Assigned:	01/29/2014	Date of Injury:	07/27/2007
Decision Date:	06/16/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery, 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 injured worker is a 49-year-old male with report of an industrial related injury on February 26, 2009 to the cervical spine. The mechanism of injury is described as specific continuous trauma injuries while employed as a technician. The injured worker subsequently underwent laminectomy and fusion with residual left upper extremity symptoms that were diagnosed as Chronic Regional Pain Syndrome. Multiple interventions with physical therapy have been utilized, but the clinician does not indicate the number of sessions attended for the claimant's response to the sessions. The clinician recommends twelve additional visits with consideration for chiropractic care. The claimant's primary complaints on the examination question are predominately the upper extremity symptoms. Previous interventions have included stellate ganglion blocks with some relief. The exam documents allodynia (fibromyalgia pain), color change, and abnormal sensation of the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY 2XWKX6WKS NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The MTUS Chronic Pain Guidelines supports the use of physical medicine in the management of reflex sympathetic dystrophy and recommends up to 24 outpatient physical therapy visits. Based on the clinical documentation provided, the claimant has completed an unknown number of physical therapy visits in the past. Additionally, the clinician does not document when those visits were completed. As such, there is insufficient information provided to warrant the requested intervention. The request is not medically necessary and appropriate.