MAXIMUS Federal Services

Case Number:	CM14-0170200		
Date Assigned:	10/20/2014	Date of Injury:	10/02/2013
Decision Date:	12/04/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 and shoulder pain reportedly associated with an industrial injury of October 2, 2013.In a Utilization Review Report dated September 17, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy.The applicant's attorney subsequently appealed.In a July 18, 2014 Medical-legal Evaluation, the applicant presented with a primary complaint of shoulder pain. It was stated that the applicant had developed subsequent myofascial symptomatology following what appeared to have been a relatively minor shoulder injury. The applicant was placed off of work by the Medical-legal evaluator.In a November 5, 2013 progress, the applicant reported ongoing complaints of neck, upper back, shoulder, and elbow pain. The applicant was reportedly unable to dress herself and was using a sling. The applicant was having difficulty showering and dressing herself. The applicant was placed off of work while Motrin, tramadol, and topical compounded medications were endorsed. MRI imaging of the shoulder was also sought. On June 9, 2014, the applicant was placed off of work, on total temporary disability. In a handwritten note dated June 9, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of shoulder pain. The applicant was placed off of work, via an earlier note of May 27, 2014.In a prescription order form dated June 9, 2014, the applicant was given refills of Norco, naproxen, Xanax, and Paxil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x week x 12 weeks cervical spine & right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Neck & Upper Back, ODG Shoulder

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Functional Restoration Approach to Chronic Pain Management Page(s): 8, 99.

Decision rationale: The 12-session course of treatment proposed, in an 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 diagnosis reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, despite having had extensive prior physical therapy over the course of the claim. Earlier physical therapy, furthermore, failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.