

Case Number:	CM14-0185211		
Date Assigned:	11/13/2014	Date of Injury:	04/11/2013
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 neck and shoulder pain reportedly associated with an industrial injury of April 11, 2013. In a Utilization Review Report dated October 8, 2014, the claims administrator denied a request for eight sessions of physical therapy for the cervical spine, noting that the applicant had already had 42 prior sessions of treatment involving the same. The applicant's attorney subsequently appealed. In an October 6, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, and forearm pain, reportedly attributed to cumulative trauma at work. The applicant was not working, it was acknowledged. An unchanged 20-pound lifting limitation was renewed, although the attending provider acknowledged that this was resulting in the applicant's removal from the workplace. Trigger point injections, tramadol, Zanaflex, and Soma were renewed. Additional physical therapy was sought. On September 17, 2014, the same, unchanged, 20-pound lifting limitation was again renewed. Trigger point injections and tramadol were again sought. An additional 6 to 8 sessions of physical therapy were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 sessions neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

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

Decision rationale: The applicant has already had prior treatment (42 sessions, per the claims administrator), seemingly well 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 page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. An unchanged 20-pound lifting limitation remains in place from visit to visit, despite extensive prior physical therapy. The applicant remains dependent on a variety of medications, including tramadol, Soma, and Zanaflex. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy already well in excess of MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.