

Case Number:	CM14-0021597		
Date Assigned:	05/05/2014	Date of Injury:	09/30/2002
Decision Date:	07/09/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/20/2014

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 Family Practice and is licensed to practice in North Carolina. 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 patient has a reported date of injury of 09/30/2002. The patient has the diagnoses of unspecified myalgia and myositis, brachial plexus lesions, depressive disorder, and migraine without aura with intractable migraine. Treatment modalities include oral medications and previous physical therapy. The progress note dated 1/17/2014 from the primary treating physician states the patient reports continued pain and stiffness and that medications are less effective. Physical exam showed a restricted range of motion in the cervical spine with flexion limited to 50 degrees, extension limited to 10 degrees, right lateral bending limited to 5 degrees, left lateral bending limited to 5 degrees, left lateral rotation limited to 10 degrees and right lateral rotation limited to 15 degrees. Adson's test is positive on both sides and tenderness noted at the rhomboids, trapezius and trigger points. Light touch sensation absent over the lunar nerve distribution bilaterally. The suggested treatment plan was for continued pain management counseling and a course of physical therapy to address increased stiffness and pain for her shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE NECK:

Overtured

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 California MTUS makes the following recommendation concerning the use of physical medicine for the treatment of chronic pain: Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks This patient does have the diagnosis of unspecified myalgia and myositis. Therefore the request for a total of 8 physical therapy sessions falls within the recommended session for this diagnosis and is medically necessary and appropriate.