

Case Number:	CM14-0038421		
Date Assigned:	06/27/2014	Date of Injury:	04/02/1998
Decision Date:	08/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 pain and associated cervicogenic headaches reportedly associated with an industrial injury of April 2, 1998. Thus far, the applicant has been treated with the following: Analgesic medications and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 26, 2014, the claims administrator partially certified a request for six sessions of physical therapy as two sessions of physical therapy. The applicant's attorney subsequently appealed. It was suggested on a previous Utilization Review Report of March 17, 2014 that the applicant was, in fact, off of work. In a handwritten January 27, 2014 note, the applicant apparently presented with persistent neck pain and headaches, 5/10. The note was difficult to follow and not entirely legible. The applicant was asked to employ Imitrex for migraine headaches. Six sessions of physical therapy were sought while the applicant was placed off of work. It was not stated how much prior physical therapy the applicant had. An October 25, 2013 handwritten progress note was again notable for comments that the applicant had persistent complaints of neck pain and associated headaches and was kept off of work until further notice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99,8.

Decision rationale: The applicant had had prior unspecified amounts of physical therapy over the course of the claim as of the date of the request. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement with earlier treatment. The applicant is seemingly off of work. The applicant's work status is unchanged from visit to visit. The applicant remains dependent on various forms of medical treatment, including the proposed physical therapy treatment. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in unspecified amounts. Accordingly, the request for additional physical therapy is not medically necessary.