MAXIMUS Federal Services

Case Number:	CM14-0005647		
Date Assigned:	02/07/2014	Date of Injury:	09/26/2012
Decision Date:	05/04/2015	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 reportedly associated with an industrial injury of September 26, 2012. In a Utilization Review report dated December 31, 2013, the claims administrator failed to approve a request for 12 sessions of physical therapy. A progress note and an RFA form of November 12, 2013 were referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated November 6, 2013, the applicant was returned to regular duty work, despite ongoing complaints of neck pain radiating to the left arm. 5/5 upper extremity strength was appreciated despite myofascial tenderness. Low-grade cervical disk bulge was noted at C4-C5 on MRI imaging, the treating provider acknowledged. The applicant was returned to regular duty work and asked to pursue acupuncture. In an RFA form dated November 6, 2013, acupuncture, physical therapy, and an ergonomic evaluation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12-sessions, 2 times per week for 6 weeks, for the cervical spine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed in and 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. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement level. Here, the applicant was described as having already returned to regular duty work as of November 6, 2013. The applicant was described as having minimal-to-no-residual physical impairment on that date. It was not clearly stated why the applicant could not transition to self-directed home-based physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines without the lengthy formal course of treatment at issue. Therefore, the request was not medically necessary.