

Case Number:	CM14-0212252		
Date Assigned:	01/02/2015	Date of Injury:	11/07/2013
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/18/2014

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, Ohio, 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 November 7, 2013. In a Utilization Review Report dated December 5, 2014, the claims administrator partially approved request for 12 sessions of physical therapy as three sessions of the same. The claims administrator referenced an October 27, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On October 27, 2014, the applicant reported persistent complaints of neck, low back, and shoulder pain. The attending provider stated that the applicant had alleged pain secondary to both a specific, discrete injury, as well as owing to cumulative trauma at work. Twelve sessions of physical therapy were again sought. The applicant's work status was unchanged. Topical gels, muscle relaxants, and unspecified medications were renewed under a separate cover. It was not clearly stated whether the applicant was or was not working. In a July 28, 2014 progress note, the attending provider stated that the applicant was working with restrictions in place and was not receiving indemnity benefits, despite multifocal neck, shoulder, wrist, and elbow pain attributed to cumulative trauma at work. The applicant did exhibit discomfort about numerous body parts but did exhibit upper and lower extremity strength scored at 5/5 predominantly, with the exception of the deltoid musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; twelve (12) sessions (3x4), cervical spine, lumbar spine, right shoulder:
Upheld

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

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

Decision rationale: The 12-session course of therapy 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. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has apparently returned to work, despite multifocal pain complaints. The applicant was described as having well-preserved motor function evident on a July 28, 2014 office visit, referenced above and should, thus, be capable of transition to self-directed home physical medicine without the lengthy formal course of physical therapy proposed here. Therefore, the request was not medically necessary.