

Case Number:	CM15-0001748		
Date Assigned:	01/12/2015	Date of Injury:	06/04/2012
Decision Date:	03/05/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 member has a DOI of 4 Jun, 2012. She is reported to have tripped and fallen landing on and injuring her hands, knees and shoulder and back. There is a report of prior injuries and settlements for the hands and knees and low back in the past. The member is reported to have undergone surgery for her shoulder 26 Feb, 2013 without complete resolution of the problem. The issue of the neck was somewhat delayed in declaring itself first being described as cervicgia at an assessment reported 12 Dec, 2012. She was reported to have been on a variety of medications but Naproxen had been stopped as a result of the possible cardiac risks in a patient with known CAD who had already undergone stenting of two vessels. She is reported to have returned to work full time as a legal secretary with work restrictions primarily on overhead work, lifting and carrying. Pain was reported as 7-8/10 but not characterized specifically by area of concern. Examination of the neck revealed a full AROM but with complaints of pain and guarding. Myofascial Trigger points were reported in multiple areas of the neck and shoulders. The issue for consideration relates to Non-Certification for PT 2X/wk for 5 wks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 5 weeks for neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, Chronic Pain, Part 2, pg 98, 99 Page(s): 98, 99.

Decision rationale: The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. However the benefit of PT quickly decreases over time. Therefore allowances should be made and plans for fading of treatment frequency anticipated. With flares of pain a brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT which in this case did not include the expectation of fading (tapering) of frequency. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case the member has been reported to have undergone PT with only a temporary benefit as per a note from 23 Sep, 2014. This was reported to have occurred 18 Jul, 2014 and a need for re-instruction should not be necessary. The UR Non-Certification would be supported.