

Case Number:	CM15-0149829		
Date Assigned:	08/13/2015	Date of Injury:	10/09/2014
Decision Date:	09/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 32 year old female with an industrial injury dated 10-09-2014. The injured worker's diagnoses include neck pain, right shoulder pain, myofascial pain, and chronic pain syndrome. Treatment consisted of Electromyography (EMG), Magnetic Resonance Imaging (MRI), prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 07-16-2015, the injured worker reported right shoulder pain with associated tingling in the right arm and headache. The injured worker rated pain a 4 out of 10. Objective findings revealed tenderness to palpitation of paraspinal muscles, sub-occipital tenderness, and pain with range of motion. The treating physician prescribed services for 8 sessions of physical therapy now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for right shoulder and neck pain with right upper extremity tingling and headaches after lifting an equipment bag. When requested, she had completed 29 physical therapy treatment sessions. When seen, pain was rated at 4/10. There has been improvement with the physical therapy that had been provided. Physical examination findings included cervical paraspinal and suboccipital tenderness. There was pain with range of motion. There was normal strength with negative testing. Additional physical therapy is being requested. The claimant is being treated for chronic pain with no new injury and has already had a long and excessive course of physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote further dependence on therapy provided treatments. The request is not medically necessary.