

Case Number:	CM15-0197484		
Date Assigned:	10/12/2015	Date of Injury:	10/06/2014
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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: 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 37-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 6, 2014. On a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. A September 19, 2015 office visit was referenced in the determination. The claims administrator contended that the applicant had had 28 prior physical therapy treatments authorized through the date of the request. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, shoulder, and myofascial pain. MRI imaging of the cervical spine, electrodiagnostic testing of bilateral upper extremities, Ultram, and Voltaren were endorsed while the applicant was kept off of work. On September 16, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of neck and shoulder pain. Toradol injection was administered. Mobic and Flexeril were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, three times a week for four weeks, for the cervical and thoracic 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 Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for 12 additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, as of the date in question, September 16, 2015. The applicant remained dependent on a variety of analgesic medications including tramadol, Voltaren, Mobic, Flexeril, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of 28 prior physical therapy treatments. It did not appear likely that the applicant would stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.