

Case Number:	CM15-0021499		
Date Assigned:	02/11/2015	Date of Injury:	03/31/2011
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/04/2015

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: Arizona, California
 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 injured worker is a 61 year old male who sustained an industrial fall off a truck injuring his neck, head and bilateral shoulders on March 31, 2011. The injured worker was diagnosed with cervicgia, headaches, bilateral shoulder impingement syndrome, bilateral acromioclavicular cartilage disorder, bilateral subacromial/subdeltoid bursitis and bilateral bicipital tendinitis. There were no surgical interventions performed. According to the primary treating physician's progress report on December 3, 2014 the injured worker continues to experience neck pain and headaches which responded well to physical therapy. On January 6, 2015 the injured worker acknowledged the exercises to do for his home exercise program. On examination the right levator scapula was minimally indurated and the foraminal compression test was negative. It was documented that the injured worker has reached maximum medical improvement and is working without restrictions. Current medications consist of Naproxen, Omeprazole, and Tramadol. Treatment modalities consist of physical therapy, home exercise program, right shoulder cortisone injection and medication with Tramadol being weaned. The treating physician requested authorization for additional Physical Therapy 2x3 bilateral shoulders; Additional Physical Therapy 2x3 neck; Tizanidine 4mg #60. On January 22, 2015 the Utilization Review denied certification for Physical Therapy 2x3 bilateral shoulders; Physical Therapy 2x3 neck; Tizanidine 4mg #60. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 bilateral shoulders: Upheld

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

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, the claimant was already performing home exercise and had received 6 sessions of physical therapy. There is no indication to exceed the amount of sessions recommended by the guidelines. The additional 6 sessions of physical therapy for the shoulders are not medically necessary.

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 63-64.

Decision rationale: According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Naproxen. As noted above, there is no benefit in overall improvement for the use of Zanaflex along with an NSAID. As a result, the request for Zanaflex is not medically necessary.

Physical therapy 2x3 neck: Upheld

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

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, the claimant was already performing home exercise and had received 6 sessions of physical therapy. There is no indication to exceed the amount of sessions recommended by the guidelines. The additional 6 sessions of physical therapy for the neck are not medically necessary.