

Case Number:	CM15-0021991		
Date Assigned:	02/11/2015	Date of Injury:	06/08/2012
Decision Date:	04/21/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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: 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 [REDACTED] beneficiary who has filed a claim for chronic neck, bilateral shoulder, mid back, and wrist pain reportedly associated with an industrial injury of June 8, 2012. The claims administrator referenced an RFA form received on January 6, 2015, in its determination. The applicant's attorney subsequently appealed. On August 11, 2014, the applicant reported ongoing complaints of neck pain, headaches, shoulder pain, and mid back pain reportedly attributed to cumulative trauma at work. The applicant was placed off of work, on total temporary disability. 12 sessions of physical therapy were endorsed. On July 23, 2014, the applicant was, once again, placed off of work, on total temporary disability, while topical compounded medications and Tylenol No. 3 were renewed. On December 25, 2014, the applicant was not working, the treating provider acknowledged. Highly variable 3 to 7/10 pain complaints were noted. A 12 additional sessions of physical therapy, wrist braces, Tylenol No. 3, and topical compounds were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral shoulders and cervical spine, 2 times a week for 6 weeks:
 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; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 sessions of physical therapy were not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment 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. This recommendation is, moreover, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the demonstration of functional improvement is necessary at various milestones in treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The applicant remains dependent on opioid agents such as Tylenol No. 3 as well as various topical compounded medications. All of the foregone, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20F, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.