

Case Number:	CM15-0027190		
Date Assigned:	02/20/2015	Date of Injury:	09/05/2001
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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: 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 49-year-old female with an industrial injury dated 09/05/2001. The mechanism of injury is described as an overhead cabinet slipping from a hinge and the cabinet door hit her on the head, throwing her back into her chair. She states she experienced headaches, neck pain, shoulder and upper back pain. She also noted a second injury dated 02/16/2005 resulting in back pain after lifting a 50-pound box. She presented on 01/15/2015 with ongoing neck and shoulder pain. She describes her pain level as 8/10 coming down to 4/10 with medications. Her last random urine drug screen was consistent and a signed pain agreement was on file. There was increased tenderness to cervical paraspinal muscles extending to the left trapezius with active spasm. Prior treatments include medications, cervical steroid injections, cervical injections and a radial block, shoulder surgery (torn rotator cuff) and physical therapy. Magnetic resonance imaging of cervical spine (per provider notes) done on 10/08/2014 show disk degeneration at C5-6. Posterior small disk osteophyte was noted at this level. Electromyelograph (per provider notes) of bilateral upper extremities dated 05/05/2011 was normal. Diagnoses included: Neck pain, left upper extremity pain, Status post left arthroscopic surgery in February 2010 previous surgery was in August 2008, and depression due to chronic pain. On 02/04/2015 the request for physical therapy 8 sessions was denied by utilization review. MTUS was cited. The request for massage therapy 8 sessions was modified to massage therapy 6 sessions. MTUS was cited.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 98-99, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 48.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines allow 8-10 sessions of physical therapy. In this case, the injured worker is followed for chronic pain and is working full time. Her office has move and she has sustained an exacerbation. She has responded well to prior physical therapy treatments. The request for 8 sessions of physical therapy is supported to address the recent flare-up to allow the injured worker to continue working. The request for 8 sessions of physical therapy is medically necessary.

8 sessions of Massage Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 59-60.

Decision rationale: According to the MTUS guidelines, massage therapy is recommended as an option. The MTUS guidelines state that this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The patient has sustained an exacerbation of her symptoms and a short course of massage therapy is supported. However, the request for 8 sessions exceeds the amount recommended by the MTUS guidelines. Modification has been rendered by Utilization Review to allow for 6 sessions. The request for 8 sessions of physical therapy is not medically necessary.