

Case Number:	CM15-0028961		
Date Assigned:	02/20/2015	Date of Injury:	08/05/2014
Decision Date:	04/02/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/16/2015

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] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 6, 2014. In a utilization review report dated February 13, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy and a traction device. The claims administrator referenced the misnumbered, mislabeled "page 474" of the MTUS Chronic Pain Medical Treatment Guidelines in its determination. An RFA form of February 9, 2015 and associated progress note of January 15, 2015 were also alluded to. The applicant's attorney subsequently appealed. On November 24, 2014, the applicant reported ongoing complaints of neck, shoulder, and upper back pain. The applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitations in place. Physical therapy to include traction, deep tissue massage, and electrical stimulation was endorsed, along with a traction device for home use purposes. On February 12, 2015 the applicant reported 1-2/10 pain complaints. The attending provider gave the applicant an 8% whole-person impairment rating. The applicant was returned to her usual and customary work, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 48;181.

Decision rationale: No, the request for 12 sessions of physical therapy to the cervical spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon an attending provider to furnish a prescription for physical therapy which clearly states treatment goals. Here, clear treatment goals for such a lengthy, protracted course of therapy were not furnished by the attending provider. The attending provider, furthermore, seemingly stated that the physical therapy at hand was intended to facilitate delivery of passive modalities such as electrical stimulation and deep tissue massage. The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 notes that usage of such modalities, however, is deemed "not recommended." Therefore, the request for 12 sessions of physical therapy was not medically necessary.

DME Saunders traction for home use: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: Conversely, the traction device for home use purposes was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 174, palliative tools such as traction may be employed on a trial basis but should be monitored closely, with emphasis on functional restoration and return of the applicant to activities of normal daily living. Here, the treating provider did state that the applicant went onto effect a near-full recovery following introduction of a traction device in November 2014. The applicant went onto return to regular-duty work. The applicant was described as having minimal residual pain complaints as of February 12, 2015. Usage of the traction device, thus, was beneficial here and did ultimately result in the applicant's affecting a return to full-time regular-duty work. Therefore, the request was medically necessary.