

Case Number:	CM15-0210314		
Date Assigned:	10/29/2015	Date of Injury:	10/09/2006
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/26/2015

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: North Carolina

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 64 year old male with an industrial injury date of 10-09-2006 (07-05-2005 and 07-20-1999). Medical record review indicates he is being treated for sprain and strain of neck, headache, myalgia-myositis and cervicalgia. Subjective complaints (09-10-2015) included headaches, facial pain and shoulder pain. Physical findings (09-10-2015) included decreased range of motion in all planes of the cervical spine. There was tightness and tenderness throughout the cervical paraspinal muscles, anterior scalene and sub occipital region bilaterally. There was tenderness of the greater occipital nerves bilaterally which reproduced headache pain. Current (09-10-2015) medications included Omeprazole and Tramadol. Prior treatments included shoulder injection and medications. The treating physician indicated no prior physical therapy for shoulder. On 10-08-2014 the request for physical therapy evaluation and treatment twice weekly for 4-6 weeks cervical spine and shoulder was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment, twice weekly for 4-6 weeks, cervical spine & shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.