MAXIMUS Federal Services

Case Number:	CM15-0031227		
Date Assigned:	02/24/2015	Date of Injury:	09/19/2009
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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 pain, shoulder pain, hand pain, finger pain, and posttraumatic headaches reportedly associated with an industrial injury of September 19, 2009. In a Utilization Review Report dated January 28, 2015, the claims administrator partially approved a request for 18 sessions of physical therapy as 9 sessions of the same. The claims administrator referenced a January 19, 2015 RFA form and an associated progress note of December 22, 2014.The applicant's attorney subsequently appealed. On July 18, 2014, the applicant was asked to remain off of work, on total temporary disability. On March 14, 2014, 12 to 18 sessions of physical therapy were endorsed owing to ongoing complaints of neck pain, shoulder pain, and headaches. The applicant was, once again, placed off of work, on total temporary disability. The claims administrator's medical evidence log suggested that the most recent progress note incorporated into the IMR packet was a progress note of August 29, 2014. On that date, the applicant was asked to remain off of work, on total temporary disability. MRI imaging of the brachial plexus and MRI imaging of the cervical spine were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 99 of 127.

Decision rationale: No, the request for 18 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 18-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body parts, the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies this position by noting that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary difficulty, it is suggested on several historical progress notes on file, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier extensive physical therapy treatment over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.