

Case Number:	CM14-0138666		
Date Assigned:	09/05/2014	Date of Injury:	04/17/2009
Decision Date:	10/09/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 27 pages provided for this review. There was an orthopedic status report from July 21, 2014. The patient was in for reevaluation of the cervical spine, both hands and wrists and the right shoulder. The patient was taking phentermine, Skelaxin and using Flector patches. The patient was full time full duty. The cervical spine pain control was nine out of 10 and it was sharp. She has chronic multi-musculoskeletal pain. The patient was preauthorized for 12 sessions of physical therapy for the cervical spine, right shoulder and bilateral upper extremities. There were earlier orthopedic status reports provided as well. The application for independent medical review was signed on August 27, 2014. It was a request for 12 sessions of physical therapy. The Lyrica 75 mg number 60 was delayed\conditionally certified. The same held for the Flector patch 1.3%. She is a 33-year-old female injured back in the year 2009. She has chronic cervical spine, elbow, shoulder and wrist pain. She is having difficulty at work with lots of headaches as well as compensatory left shoulder pain. There is a positive Spurling maneuver on the right in decreased cervical range of motion. The patient has completed physical therapy in 2013 and there is no significant evidence of functional improvement. There was no objective functional improvement with the Lyrica or the Flector.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are 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; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general; 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Therefore, after review of the medical records provided and using MTUS guidelines, this request is not medically necessary.