

Case Number:	CM14-0141251		
Date Assigned:	09/10/2014	Date of Injury:	10/19/2011
Decision Date:	10/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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:

The applicant has filed a claim for bilateral shoulder and bilateral elbow pain reportedly associated with cumulative trauma at work between the dates October 19, 2011 through October 4, 2013. In an April 1, 2014 progress note, the applicant reported persistent complaints of neck and bilateral shoulder pain. The applicant was asked to continue part-time work with restrictions. Myofascial tenderness was noted. It was stated that the applicant was approaching maximum medical improvement. On July 23, 2014, the applicant was again given work restrictions. It was stated that the applicant had had an exacerbation of upper extremity symptoms. Eight sessions of physical therapy for the same were endorsed. Diffuse shoulder myofascial tenderness was noted. It was stated that the applicant would likely require the imposition of permanent work restrictions. In an earlier note dated July 23, 2014, the applicant was again described as having a flare in symptoms. Eight sessions of physical therapy were sought at that point in time. A field case manager note dated June 27, 2014 was also notable for comments that the applicant was working with limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week for 4 weeks for bilateral elbows and bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Page(s): 8; 98-99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant has seemingly reached a plateau in terms of the functional improvement measures established in MTUS 9792.20f with earlier treatment, including earlier physical therapy treatment. Work restrictions remain in place, seemingly unchanged, from visit to visit. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines recommends continuing self-directed home physical medicine as an extension of the treatment process and that page 48 of the ACOEM Practice Guidelines notes that it is incumbent on attending provider to furnish a clear prescription for physical therapy with clearly stated treatment goals. In this case, no clear treatment goals were provided. The attending provider did not outline why the applicant could not transition to self-directed home physical medicine. Therefore, the request is not medically necessary.