MAXIMUS Federal Services

Case Number:	CM14-0149564		
Date Assigned:	09/18/2014	Date of Injury:	03/21/2013
Decision Date:	11/07/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 is a represented [redacted] employee who has filed a claim for chronic knee pain, neck pain, and arm pain reportedly associated with an industrial injury of March 21, 2013. In July 15, 2014 progress note, the applicant reported persistent complaints of neck pain radiating to the bilateral arms. DNA testing, additional physical therapy, and additional acupuncture were sought while the applicant was kept off of work, on total temporary disability. The applicant's medications included Norco, Naprosyn, and Fioricet, it was acknowledged. The applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; earlier left knee surgery; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated August 15, 2014, the claims administrator denied a request for 12 sessions of physical therapy and unspecified amounts of acupuncture.The applicant's attorney appealed the physical therapy denial. In a January 14, 2014 office visit, 12 sessions of acupuncture were sought owing to ongoing complaints of neck pain. It was acknowledged that the applicant was no longer working with limitations in place as the applicant's employer was apparently unable to accommodate stated limitations. In a March 21, 2014 progress note, the applicant was placed off of work, on total temporary disability. The attending provider sought authorization for six sessions of physical therapy and additional acupuncture at this point. Additional physical therapy was apparently sought on August 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS guides 9792.20,9792.21,9792.22,and 9792.25

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): page 99, 8.

Decision rationale: While page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the California MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant remains off of work, on total temporary disability, despite having had unspecified amounts of physical therapy over the course of the claim. The applicant remains highly dependent on other forms of medical treatment including opioid agent such as Norco, barbiturate agent such as Fioricet, and other modalities such as acupuncture. All of the above, taken together, suggest a lack of functional improvement as defined in California MTUS 9792.20f despite extensive prior physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.