

Case Number:	CM14-0158170		
Date Assigned:	10/10/2014	Date of Injury:	01/09/2007
Decision Date:	11/13/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 neck pain reportedly associated with an industrial injury of January 9, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; unspecified amounts of physical therapy; unspecified amounts of acupuncture; opioid therapy; and earlier CMC joint arthroplasty procedure. In a Utilization Report dated August 28, 2014, the claims administrator partially approved a request for 18 sessions of physical therapy to 12 sessions of the same. The applicant's attorney subsequently appealed. In an August 8, 2014 progress note, the attending provider sought authorization for 18 sessions of physical therapy for the cervical spine and improved range of motion and strength about the same. The attending provider also appealed previously denied medial branch block procedure. The applicant was given various diagnoses including thumb arthritis, left cubital tunnel syndrome, cervical radiculopathy, cervical degenerative joint disease, and elbow epicondylitis. Tramadol, Soma, Norco, and Prilosec were renewed. The applicant's work status was reportedly unchanged. In an earlier note dated September 19, 2014, the applicant was again described as having persistent multifocal neck, upper extremity, and thumb pain complaints. The applicant was again given Norco, tramadol, Prilosec, and Soma for pain relief. Medial branch blocks were sought. The applicant was reportedly working with minimal limitations, as suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Mod Cert PT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The 18-session course of treatment proposed, in and of itself represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. No rationale for treatment this far in excess of the MTUS parameters was proffered by the attending provider. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, the applicant has apparently returned to work at the [REDACTED], despite ongoing complaints of multifocal neck, elbow, and bilateral upper extremity pain. It has not been clearly established why the applicant cannot likewise transition to self-directed home directed home physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, given the minimal residual impairment documented on the office visit referenced above. Therefore, the request is not medically necessary.