

Case Number:	CM14-0215558		
Date Assigned:	01/05/2015	Date of Injury:	10/24/2011
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Ohio, 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] employee who has filed a claim for chronic hand pain reportedly associated with an industrial injury of October 24, 2011. In a Utilization Review Report dated November 23, 2014, the claims administrator failed to approve a request for six sessions of physical therapy and Zanaflex. The claims administrator referenced a progress note of November 4, 2014 and an RFA form of November 18, 2014, in its determination. The claims administrator contended that the applicant had failed to profit from earlier physical therapy. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated October 24, 2014, the medical-legal evaluator noted that the applicant had been terminated by her former employer, [REDACTED] owing to alleged tardiness. In a November 12, 2014 progress note, the applicant reported persistent complaints of wrist pain, shoulder pain, and neck pain. Tenderness was appreciated about the trapezius region. The applicant was given diagnoses of carpal tunnel syndrome/carpal tunnel release surgeries, trigger finger, shoulder impingement syndrome, and cervical radiculopathy. Zanaflex was endorsed while the applicant was placed off of work. Additional physical therapy and acupuncture were sought. In a September 26, 2014 progress note, the applicant was again placed off of work, on total temporary disability while additional physical therapy was sought. On August 11, 2014, the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 visits for the cervical spine and bilateral shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse 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, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect 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 disability, it was noted on multiple progress notes noted above interspersed throughout late 2014. Earlier physical therapy, thus, has had failed to generate any lasting benefit or functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary.

Zanaflex 4 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is a first line treatment for myofascial pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a trial should be given for each analgesic medication, with most analgesic medications showing effects within one to three days. Here, the first time request for Zanaflex 4 mg #60 with two refills, by implication did not contain a proviso to reevaluate the applicant so as to ensure a favorable response to the same before moving forward with such a lengthy supply. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.