

Case Number:	CM15-0106087		
Date Assigned:	06/10/2015	Date of Injury:	12/01/2012
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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, New York, 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 41-year-old who has filed a claim for chronic neck, elbow, and shoulder pain reportedly associated with an industrial injury of December 1, 2012. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve a request for four sessions of physical therapy. An order form dated April 28, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On April 28, 2015, the applicant reported ongoing complaints of neck pain, wrist pain, upper extremity paresthesias, and headaches. Ancillary complaints of low back pain were reported. The applicant had apparently had unspecified amounts of physical therapy through other providers, it was acknowledged. The applicant had also had injection therapy, it was reported. The applicant exhibited shoulder range of motion with flexion and abduction in the 120- to 150-degree range, it was reported. The attending provider stated that he believed the applicant had issues with a frozen shoulder. The attending provider gave the applicant diagnoses of bilateral frozen shoulders and bilateral tennis elbows, neck pain, mid back pain, and upper extremity paresthesias. The attending provider stated that he believed that the applicant's physical therapist may not have addressed all of the presenting body parts. The applicant was 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 2 times a week for 4 weeks neck, elbow and head: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for eight sessions of physical therapy for the neck, elbow, and head is not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 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 placed off of work as of the date of the request, April 28, 2015, approximately 18 months removed from the date of injury, December 1, 2012, despite receipt of earlier unspecified amounts of physical therapy through that point in time, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of the same. It did not appear, in short, that the applicant had profited from earlier physical therapy, nor did it appear likely that the applicant could benefit from further physical therapy, going forward. Clear goals for further therapy were not articulated. Therefore, the request is not medically necessary.