

Case Number:	CM15-0111048		
Date Assigned:	06/17/2015	Date of Injury:	06/14/2013
Decision Date:	07/17/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/09/2015

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 54-year-old who has filed a claim for chronic neck, shoulder, and upper extremity pain reportedly associated with an industrial injury of June 14, 2013. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the cervical spine and left shoulder. An April 9, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported multifocal complaints of neck, shoulder, wrist, and elbow pain, 4-7/10. The applicant was using Advil, Aleve, and Voltaren. Activities of daily living as significant as to include writing, grooming, dishwashing, house cleaning, and laundry remained problematic, it was reported. Additional physical therapy was sought. The applicant's rather proscriptive 10-pound lifting limitation was renewed. The attending provider suggested (but did not clearly state) that the applicant was not working with said limitation in place. In a later note dated June 1, 2015, the attending provider explicitly stated that the applicant was not working with limitations in place. The applicant was reportedly performing home exercises, it was suggested on that date. On March 18, 2015, the same, unchanged 10-pound lifting limitation was renewed. Once again, it was acknowledged that the applicant was using unspecified medications and topical compounded medications and creams. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, 2 times weekly, cervical spine and left shoulder QTY: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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 an additional 12 sessions of physical therapy for the neck and shoulder was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation is further 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, however, the applicant was off work, despite receipt of earlier unspecified amounts of physical therapy. The applicant remained dependent on unspecified analgesic medications and topical compounded creams, the attending provider reported above. Work restrictions were renewed, unchanged, from visit to visit, despite receipt of prior physical therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.